

# NEWSrounds

## I CARE, I Connect *Improving Customer Service at Rush*

When patients at Rush University Internists in the Triangle Office Building (TOB) go to have their prescriptions filled at the TOB pharmacy, many already know to ask for Adella Hicks. Doctors and nurses tell patients to see Hicks, a pharmacy technician, because they know she'll respond to patients' needs in ways that go beyond her responsibilities to help fill prescriptions.

Hicks checks on patients' insurance to see if it will cover their prescriptions, and when it doesn't she consults with physicians about alternatives. She also searches online to find coupons that will help patients cover the costs of their medication copayments. She's given her cell phone number to patients so they can call her with questions, and she escorts patients with disabilities from the fifth-floor pharmacy to the first-floor TOB waiting area.

"I treat everybody as if they were my own family," Hicks says.

Patients come to Rush for the innovative and excellent medical care that the Medical Center provides. They will be more likely to return to Rush and recommend us to family and friends if they also receive outstanding customer service, like the kind Hicks provides. Whether or not you work directly with patients, each of us has a responsibility to ensure that our patients have a

good experience while at the Medical Center.

That goal is behind the I CARE, I Connect initiative that Rush launched in November. Through I CARE, I Connect, Rush is providing employees with training in customer service in order to enhance our patients' experience.

"Rush already excels in providing the best in patient care. The next challenge for Rush to meet is service improvement," says Jane Grady, PhD, associate vice president of human resources. "We're already near the top, but we need an extra push to get there. We need to build upon our strengths as an organization."

The I CARE, I Connect initiative is tied to Rush's goal of further enhancing what is already a welcoming and supportive environment, which is part of Rush's strategic plan. As part of that effort, human resources conducted focus groups in September. The focus groups' purpose was to talk about ensuring that Rush treats all our patients, families and visitors in the best possible way. The focus groups consisted of 140 participants representing approximately 50 departments.

The focus group participants agreed that more could be done to improve the level of service at Rush. However, they also agreed that one size

fits all is not the right approach, as customer needs can be very different.

In response, human resources held I CARE, I Connect training classes for managers last November. The sessions focused on two key components: universal standards and a customizable script to guide patient interactions. Universal standards are basic guidelines we should follow every day at Rush, such as wearing a visible identification badge, dressing professionally, having appropriate body language, offering assistance to patients and more.

During one training session, managers discussed the universal standards and why they're important. They then used the customized scripts to engage in role playing exercises to practice how to approach customers at Rush in various situations.

The script includes four steps: initiate and introduce; respond to needs; explain and prepare; and complete the interaction. Throughout the interaction, the goal is to strive to understand what the customer needs and to help meet those needs, whether it's a visitor trying to find the cafeteria or a patient who doesn't know if insurance covers his prescription.

Managers have been giving staff I CARE, I Connect training over the past few months. "A department focus on service as well as excellent

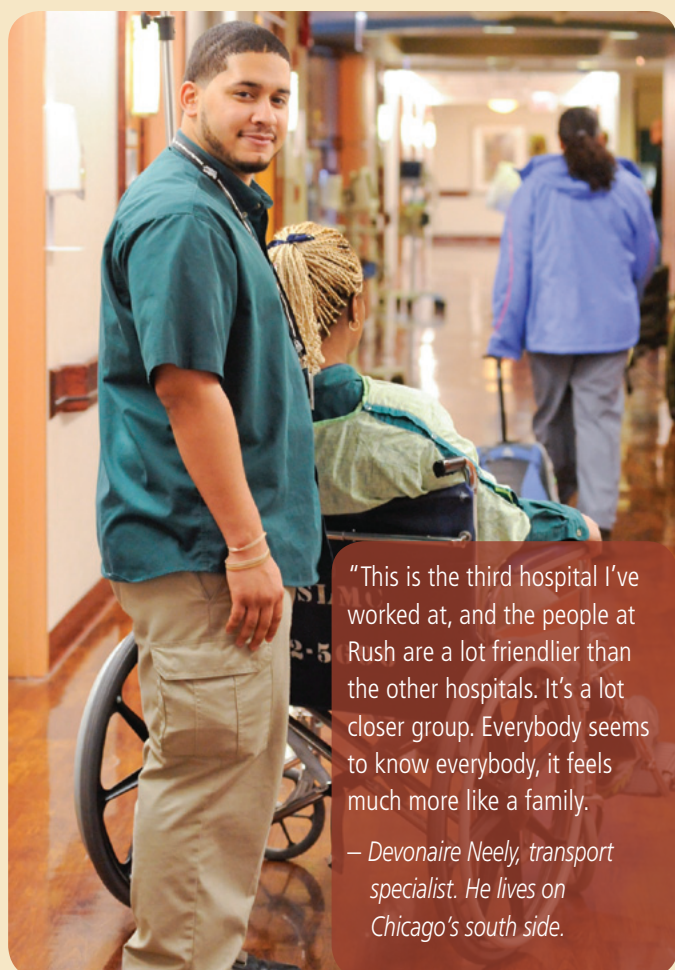


*Adella Hicks consults with a patient on a prescription.*

clinical outcomes will bring Rush closer to its vision for being the medical center of choice," Grady explains. "As an institution, we can work together to achieve and improve on the patient experience." •

For more information about I CARE, I Connect, please contact Samantha Franco at ext. 2-8584 or at [samantha\\_franco@rush.edu](mailto:samantha_franco@rush.edu).

## RUSH REACHES OUT TO HIRE FROM THE COMMUNITY



"This is the third hospital I've worked at, and the people at Rush are a lot friendlier than the other hospitals. It's a lot closer group. Everybody seems to know everybody, it feels much more like a family."

— Devonaire Neely, transport specialist. He lives on Chicago's south side.

Rush serves the people of Chicago not only as a health care provider, but as a major employer. In fact, Rush is the largest private employer on Chicago's West Side. Rush is committed to recruiting a diverse workforce and hiring Chicago residents, particularly people who live in the neighborhoods surrounding the Medical Center.

As part of this commitment, Rush has partnered with Central States SER, a workforce development agency, to help with the process of hiring Chicago residents, particularly those living in the city's 2nd and 27th aldermanic wards, which include Rush. "They use multiple techniques, from flyers to a special website, to identify applicants. Those applicants are screened for current and future openings, and the best candidates are sent to us for further interviews," says Janice Thomas, community liaison, human resources. "Working with them allows us to reach out to community residents rather than wait for them to come to us."

Reflecting the growing strength of this partnership, Central States SER opened an office on the first floor of the Jelke Building last November. "Having them on campus will make it easier for us to work together to bring in more people from the community," Thomas says.

Rush also reaches out to potential employees through job fairs. In each of the past three years, Rush has held a job fair at Malcolm X College, a few blocks northwest of the Medical Center campus. SER screened nearly 200 potential candidates and invited 89 to last year's fair, held in August, and the candidates met with recruiters from Rush. After further screening, approximately 61 candidates were referred for placement in open positions. Since then, 13 of those candidates have been hired for positions at Rush.

In addition, representatives of Rush attend about 40 other job fairs throughout the city each year.

"You'll see Rush represented at the local church, college and various community job fairs. You'll see Rush everywhere," Thomas says. "We want people to know that we have openings, and we want them to apply."

"Hiring Chicago residents, especially those from the neighborhoods immediately surrounding the Medical Center, is very important to Rush's community relations and transformation goals," says Terry Peterson, Rush's vice president of corporate and external affairs. "The hospital has been particularly supportive of these efforts, and we are beginning to see managers throughout Rush providing opportunities to local candidates. We are stronger when Rush staff reflects the communities that we serve."

For more information about jobs at Rush, go to [www.jobsatrush.com](http://www.jobsatrush.com) or call (312) 942-3456.

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NEWSrounds

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Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

COMING TO WORK AT RUSH: IN THEIR OWN WORDS

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“They had a job fair at Malcolm X, and I wound up getting hired through that. I’d had surgery here, and it seemed like a great place to work. The people were so caring and respectful. It was just a good environment.

At school I thought if I ever had the opportunity I’d love to work for Rush. It was a goal of mine. Now I think, ‘wow, I’m working here.’ It makes me proud.”

— Qiana Allen, certified medical assistant, internal medicine. She lives in the Austin neighborhood on Chicago’s far West Side.



Qiana Allen, certified medical assistant, internal medicine

“It’s close by. It’s right in the neighborhood. I was driving to the suburbs, and in the wintertime my commute to my job was an hour.

It’s a good place to work. Rush is top-notch. It’s well known. People really respect the fact that you work at Rush. I’m looking to stay and build a career here.”

— Lashonna Glover, pharmacy technician, hospital central pharmacy. She lives in Chicago’s Garfield Park neighborhood, a few miles northwest of Rush.



Lashonna Glover, pharmacy technician, hospital central pharmacy

RUSH VASCULITIS CLINIC Provides Treatment of Little-Understood Disease

By the time Melissa\* arrived at the Rush Vasculitis Clinic in August 2010, she had suffered for two years from a variety of gastrointestinal problems and other symptoms that perplexed numerous doctors and caused her to be hospitalized repeatedly.

Prior to visiting the clinic, Melissa started to improve when she began receiving care from Ali Keshavarzian, MD, the Josephine M. Dyrenforth Chairperson of Gastroenterology at Rush, who initially treated her for celiac disease, an autoimmune disease that damages the small intestine. Although Melissa’s nausea and vomiting subsided, new symptoms began to emerge — migraines, severe pain and numbness in her joints and a burning sensation in her throat and stomach when she ate. In July, Melissa was hospitalized again, this time with gastrointestinal bleeding.

Keshavarzian determined that a different autoimmune disease had to be the cause, and he referred Melissa to the vasculitis clinic. In August, she met with Antoine Sreih, MD, the head of the clinic, who diagnosed Melissa with Behcet’s disease, a type of vasculitis. Vasculitis is an autoimmune disease that causes inflammation in the blood vessels.

“It was a wonderful moment,” says Melissa, a 38-year-old mother of six who lives in the northern suburbs. “I had so many doctors, and no one knew what it was because it’s such a rare condition, and here’s this man who not only knows what it is but knows how to treat it.”

Vasculitis is rare and takes many different forms, a combination that makes it difficult for most physicians to recognize it, let alone treat it. The Rush Vasculitis Clinic is one of fewer than 10 specialized clinics in the country to provide care for this debilitating illness, and the only one in Illinois. The clinic is part of University Rheumatologists at Rush, a clinical practice of physicians

on the faculty of the Rush Section of Rheumatology.

“One of the most challenging areas in rheumatology is vasculitis, because it can present in any way. Even a lot of rheumatologists don’t feel comfortable dealing with it,” Sreih says.

Vasculitis can lead to damage to any organ in the body. Behcet’s disease, for example, causes ulcers in the mouth, and in Melissa’s case also caused ulcers in her stomach and intestines, which caused her bleeding. “With vasculitis, you may end up with skin problems, eye problems, kidney problems, lung problems, strokes, heart attacks, joint problems,” Sreih says.

While vasculitis is rare, there probably are thousands of patients in the Chicago area suffering from the disease. Since the clinic opened at the beginning of 2010, it has grown rapidly, adding office hours and now seeing 200 patients.

“There wasn’t a specialist in the area who could treat this condition, so a lot of people were traveling long distances to see a specialist,” Sreih says. He saw many of these patients while he was training at the Cleveland Clinic Center for Vasculitis, one of the world’s largest vasculitis clinics.

His education, training and experience also includes a medical degree from Lebanese University in Beirut, a residency in internal medicine, a fellowship in rheumatology and appointments to the internal medicine and rheumatology faculty at the Yale University School of Medicine. He joined Rush in July 2009.

To address vasculitis’ wide-ranging effects, the clinic draws on specialists at Rush in multiple areas, including nephrology, dermatology, neurology, pulmonology, vascular surgery and ear, nose and throat to help treat the organs damaged by the disease. In addition to this multidisci-



Antoine Sreih, MD, speaks with Melissa in the Rush Vasculitis Clinic.

plinary approach, Sreih offers patients the most advanced treatments available for the illness, such as intravenously administered biologics (biological molecules that interfere with proteins or cells in the body).

“We’re learning more and more about the disease and how the immune system functions,” he says. “In the past, treatments would only alleviate the pain. Now we can completely control these conditions and put them in remission.”

Sreih has treated Melissa with colchicine, a medication used to treat rheumatological illnesses, and gabapentin, which is used for nerve pain. Her ulcers are in remission, and her migraines and nerve pain have become far less frequent.

“How I am now compared to how I was a year ago is amazing,” Melissa says. “I have a lot of good days now. Before, I never had good days. I was sick and bedridden all the time. I feel like I’m in good hands, and I’m really hopeful.” •

The Rush Vasculitis Clinic is open from 7:30 a.m. to noon on Fridays in Suite 510 of the Orthopedic Building, 1611 W. Harrison St. To make an appointment, please call (312) 563-2800.

\*Melissa preferred not to have her last name included in this article.

In the December 2010 issue of *NewsRounds*, in the physician assistant program article on page 3, Meggan McCarthy’s academic credentials are listed as BSN. Her credentials are MS, PA-C. *NewsRounds* regrets the error.



# Recycling Round Up – YOUR RECYCLING QUESTIONS ANSWERED

Rush's commitment to the health of our patients extends to protecting the health of the environment. As part of this commitment, Rush has maintained a recycling program for the last three years. *NewsRounds* spoke with Mary Gregoire, PhD, RD — director, food and nutrition services and chair of the Green Team, Rush's recycling and education committee — to get answers to questions Rush employees have been asking about recycling.

**Q: I see people not recycling, that there's trash mixed together with material that should be recycled. Does recycling across the Medical Center really happen?**

**A:** Yes. We are making great progress in our efforts to recycle. Last year, Rush recycled more than 1,000 tons of paper, cardboard, plastics, aluminum and tin from our recycling containers. That amount was about 25 percent of our waste stream. Items

deposited in the recycling bins go to our waste management company's reclamation facility, where they are sorted into the individual (paper, cardboard, etc.) recycling streams. However, our recyclable waste is not as clean as it could be. Currently about 30 percent of what we send to the reclamation facility as recyclable is actually garbage. Readers can help our efforts by being sure to place only recyclable items in the recycling collection bins around campus and instructing others who are unsure about recycling on what are the proper items to place in the bins.

**Q: What's the difference between recyclable and compostable, and what products do we have here?**

**A:** Recycling and composting are very different processes, and the products that go into each process differ as well. A recyclable product is one that is collected and reprocessed for another use. At Rush, we recycle paper (office paper, newspapers, magazines, mail, cardboard), aluminum, tin, and No. 1 through 5 and No. 7 plastics. A compostable product is one that is made of organic matter that can be decomposed into a soil-like product. At Rush, we use compostable products in our cafeteria that include disposable plates, hinged to-go containers, soup containers, coffee cups and cold drink cups. These containers are made from corn starch and should be disposed of in garbage bins, not recycling containers. They will begin to break down into compost in the landfill within 30 days, and within 90 days will have changed to a soil-like compost.

**Q: What plastics can we recycle?**

**A:** Our waste management company, Allied Waste, currently accepts and is able to process No. 1 through 5 and No. 7 (not No. 6) plastics.

**Q: Why do we have to rinse out bottles and cans before recycling?**

**A:** Emptying and rinsing your bottles and cans helps prevent Rush from having a pest infestation problem at the recycling bins, because otherwise the sweet soda or juice left in bottles and cans will attract pests such as fruit flies. Having rinsed containers also makes it much easier on the individuals who hand sort our recycling at the Allied Waste recycling facility. Having empty, clean bottles and cans also makes the recycling process go smoother for the manufacturer because they do not have liquid contents contaminating the recycling process.

**Q: I put my recyclable paper in a blue bin by my desk – will someone empty it to be recycled?**

**A:** Rush currently is only staffed to do centralized recycling, which means you will need to take your desk side blue bin and empty it in a large recycling container in a hallway location to assure that it gets recycled.

**Q: I heard that paper napkins need to go in the garbage not the paper recycling bin. Is that true?**

**A:** Yes. Paper napkins do need to go in the garbage. Having food particles and saliva on napkins contaminates them and can cause mold to grow on the napkin and other paper in the recycle stream. Paper recycling companies will reject the paper and not be able to recycle it if they find food waste or mold on the paper.



**Q: Does the confidential paper that I put in the document destruction bins get recycled?**

**A:** Yes. Citadel, which oversees destruction of our confidential paper, shreds and recycles it. Last year, we recycled more than 400 tons of confidential paper.

**Q: I heard from leadership at the Rush Day School that they're not sure where the recycling bin is on the dock of the 2150 W. Harrison building.**

**A:** Recycling is now up and running at 2150 W. Harrison. The bins are on the dock, and environmental services personnel have been offering training sessions with staff at this location on recycling. •

For more information about Rush's recycling efforts, what is recyclable and the Green Team, please visit [www.rushu.rush.edu/sustainability](http://www.rushu.rush.edu/sustainability).



## Rush Celebrates Opening of New Outpatient Cancer Center

Joined by U.S. Sen. Richard Durbin (Ill.) and Chicago Mayor Richard M. Daley, Rush celebrated the grand opening of its new outpatient cancer center on Jan. 31. Located on the 10th floor of the Rush Professional Building, the new center triples the size of the previous outpatient cancer center. The new center provides enough room to place most of Rush's care providers and cancer treatment services side by side in a single location, making it easier for patients to receive diagnosis and treatment, and for clinicians to combine their expertise in order to provide the most effective care.

The opening marked another milestone in Rush's campus trans-

formation, which includes the new hospital building opening in January 2012. Daley praised the center and the ongoing Rush Transformation as continuing the Rush tradition of providing quality health care, saying it represents the "I-will spirit" of Rush staff, physicians and leaders to help the citizens of Chicago.

Durbin stressed how important the new modern facility is for thousands of people in the Chicago area. He also spoke about the new hospital building. "It is more than a building. It's a determination to make sure that people facing what may be the biggest struggle of their lives will find the very best medical care and research," Durbin said.



From left to right, Howard Kaufman, MD, director of the Rush University Cancer Center; Alderman Walter Burnett, Jr.; Susan Crown, vice chair, Rush Board of Trustees; Mayor Daley; Larry Goodman, MD, Rush CEO; Sen. Durbin; and Philip Bonomi, MD, director, Rush Division of Medical Oncology, prepare to cut the ribbon celebrating the opening of the new outpatient cancer center.



# The New Rush Emergency Department:

## A BETTER DESIGN FOR PATIENTS

There are certain kinds of scenarios most people don't want to even think about, let alone plan for: a mass outbreak of infectious disease, a truck accident that spills hazardous materials on the highway or a terrorist attack.

No one wants these events to happen, but if any of them do, Rush will be ready for them. To meet the needs of the Chicago area in the event of a potential disaster, and to better serve patients and families during individual emergency room visits, Rush is building a state-of-the-art emergency and disaster preparedness center as part of the Medical Center's new hospital building. Named the McCormick Foundation Center for Advanced Emergency Response, it will provide an unprecedented level of readiness for large-scale health emergencies.

"You hope that disasters never occur, but unfortunately, we will be called upon to use this facility," says Dino P. Rumoro, DO, chairperson, Department of Emergency Medicine. "We want to make sure we're prepared."

More than twice the size of the current emergency department, the new center will cover 40,000 square feet on the ground floor of the new hospital building. On a day-to-day basis, it will operate as a standard emergency facility, with the capacity to handle 65,000 patient visits annually.

In the event of a disaster, the emergency center can expand to take in double the normal number of patients. If needed, the lobby adjacent to the center itself can be converted into

a treatment area, drawing on bunk beds and oxygen lines in the lobby's support columns.

### Precautionary Measures

To prevent the potential spread of disease, radioactive material or harmful agents, the center is divided into three pods, each of which can be isolated from one another. Patient rooms within each pod also can be isolated, and air flow in and out of the pods can be controlled.

"We've designed the center to make sure that if a disaster occurs, the victims don't contaminate other areas of the hospital or even other areas of the emergency department," Rumoro explains.

As an additional measure to avoid contamination, a water "curtain" can be created from strategically positioned fire hydrants by spraying water across the entrance to the ambulance bay, so that patients can be washed off before even entering the facility. Additional decontamination equipment will be built into the walls of the ambulance bay itself. "No hospital in the country has done something like this to this degree of detail," Rumoro says.

The center also is taking steps to anticipate and respond to health problems before they escalate into emergencies. A computer program will analyze patient data continuously in real time as it's reported from area hospitals in order to identify potential trends and alert health officials of developing health threats. "We will be able to predict

a flu outbreak in advance of traditional reporting mechanisms," Rumoro says.

### Emergency Care – Faster and Better

Even under normal circumstances, Chicagoans look to Rush in a medical crisis. Last fiscal year, the emergency department received approximately 49,500 patient visits, and based on current trends, Rumoro expects visits to reach 50,500 by the end of the current fiscal year June 30. He projects that visits will reach 65,000 annually within three years after the new center opens.

The new facility will incorporate the following features to make it quicker and easier for patients to reach the center and receive care.

- It will have a driveway for patient arrivals that is separate from the ambulance bay (the current emergency room has a single driveway for all arriving vehicles). It will also have temporary parking, which isn't available in the current emergency room. The center will include a larger, more pleasant waiting area and a separate waiting room for pediatric patients and their families.
- The new center will have 55 treatment beds compared to 34 in the current emergency department and two triage beds, compared to one. "It's been designed to let us move a patient right into a treatment bed. The waiting rooms are intended for families, not patients," Rumoro says.
- Larger patient rooms, with the bed in the center, will allow caregivers to approach



*Dino P. Rumoro, DO*

the patient from all sides. Each room will be private but can be divided into two rooms to accommodate a spike in patients in the event of a large-scale disaster, and the rooms will include televisions to help take patients' minds off their conditions and to provide a video-based educational opportunity.

- The center also will include advanced diagnostic equipment to speed delivery of patient care. Every room will have a cardiac monitor and each of the three treatment pods will have its own ultrasound capability. Radiology will be located in a fourth pod within the emergency department to reduce wait times for diagnostic imaging.

"The new center will help us provide better care, and it will greatly improve the patient experience," Rumoro says. "It's a stressful, painful time for someone to be in an emergency department. We're trying to take the edge off and make it as comfortable for patients and their families as we possibly can."

## A LOOK BACK AT RUSH'S 2011 DIVERSITY WEEK

Diversity week, Rush's annual series of presentations and discussions, took place from Jan. 25 – 29. The goal of diversity week is to help the members of the Medical Center community understand each other and work together better in caring for our patients. By all accounts, this year's event attained that goal and more. Diversity week was sponsored by the Rush Diversity Leadership Group, with additional support from the Department of Employee and Organizational Development, the Office for Equal Opportunity and the Rush Diversity Network Group.



Mary Gregoire, PhD, RD, director, food and nutrition services, speaks about the work of the food and nutrition (FNS) leadership team during the J. Robert Clapp, Jr. Diversity Leadership Award Program, as team members look on. The award is named in honor of Rush's senior vice president for hospital affairs and executive director of Rush University Hospitals, who also is the chairperson of Rush's diversity leadership group. The Clapp Award is given annually to recognize individuals who have demonstrated exemplary leadership in supporting Rush's diversity efforts.

The FNS leadership team received the Clapp award for its continued work across the Medical Center to create a culture of inclusion. Among many initiatives, this team has sponsored ethnic-themed meals and events in the Rush cafeteria and Room 500; hosted special ethnic food offerings and meals for patients; planned educational programs and prepared materials for staff, patients and visitors; and participated in research and community outreach programs with various ethnic groups.



Members of the Rush community listen as (from left to right) Priya Patel, human resources project coordinator; Nichole Banks, RN, register nurse 2, surgical intensive care unit; Haley Mansfield, administrative assistant, University Neurosurgery; and Robert Silverstein, MHA, operations process improvement specialist, hospital operations; discuss what they value most; how they communicate with their peers and colleagues; and what Rush means to them during the embracing intergenerational communication workshop.

Representing the culture of Argentina, Mark Dy-Liacco, MD, liver surgeon, University Transplant Program, and his dance partner, Melanie Klaric, performed during Passport Panorama. This event provided members of the Rush community an opportunity to learn about other countries and cultures.





## In Their Own Words: WHAT WILL THE NEW EMERGENCY ROOM MEAN?

*NewsRounds* asked members of the Department of Emergency Medicine what excited them the most about the new McCormick Foundation Center for Advanced Emergency Response. Here's what they said:



"Having a larger footprint is important because we've outgrown our space. It will improve patient satisfaction with a kinder, gentler waiting room and more accommodations. Non-critical patients should be able to get to a bed much quicker, and once they're in a room they'll feel more comfortable. The rooms are going to allow for more privacy, and the nurse will have more things at his or her fingertips to take care of the patient efficiently."

— Patricia Altman, RN,  
nursing unit director



"The separate pediatric waiting room will make a big difference for our pediatric patients. It will have age-appropriate toys in a less intimidating environment. That's especially important since we are approved as a pediatric emergency department by the Illinois Department of Public Health."

— Tes Gonzaga, RN,  
clinical nurse specialist



"The new ambulance bay can house multiple ambulances comfortably, so the in-and-out transition of patients into our hospital will be much simpler and smoother. Since we're a state disaster center and have an affiliation with the military, being able to do large-scale decontamination inside and outside the hospital is a big deal as well. It'll definitely make Rush a major player in emergency medical services and disaster centers."

— Louis Hondros, DO, director,  
emergency medical systems



"As of March, the paramedics and emergency medical technicians in our area are transferring stroke patients to stroke centers like Rush, and I think the new emergency department will be a big draw for us. We are going to have a room for the paramedics where they can set up computers, print out reports and have a cup of coffee, and we can post information for them. This assistance will help us build a relationship with them so that when they have a choice of where to bring patients, they'll be more likely to choose Rush."

— Sonia Winandy, MBA, RN,  
emergency medical services  
coordinator

*For more information, go to [www.rush.edu/transformation](http://www.rush.edu/transformation).*

## GUEST RELATIONS STEPS UP, STEPS OUT TO PROVIDE OUTSTANDING CUSTOMER SERVICE

There's a chair behind the information desk on the fourth floor of the Rush Professional Building, but Patricia Harris doesn't spend much time sitting in it. During most of her weekday shift as a hospital guest relations associate, Harris is on her feet in front of the desk, greeting patients and visitors as they exit the nearby elevators or come through the hallways that intersect at her station.

This proactive approach characterizes the way the members of the Hospital Guest Relations Department do their jobs. At the beginning of last year, the department revamped itself, adding and training staff



*Patricia Harris, guest relations associate, speaks with a visitor to the Medical Center.*

to put a greater emphasis on reaching out to patients and visitors to provide improved customer service.

"We know that Rush provides fantastic clinical services, but we also know the front door makes a first impression," says Terry Maynard, director of hospital guest relations. "We want the person at the front door to make them come back here the next time they need medical care, and to recommend us to other possible patients."

Formerly known as the Volunteer Services Department, the department changed its name in October 2009 to better describe the scope of its responsibilities, which encompass volunteer services, interpreter services and guest relations.

In addition to the fourth-floor lobby and the Smith Lounge in the Atrium Building, guest relations associates now are on hand at the parking garage entrance into Armour Academic Center, and the entrance and fourth floor of the Professional Building.

The department conducted an intense one-week training program in customer service for the guest relations staff in January of last year. The training also included members of the parking, patient access, security and transport staffs and was guided by the input of more than 30 directors of departments throughout Rush.

Some of the department's changes are simple but significant, including instituting a uniform

of khaki slacks and vests for all the guest relations associates. "You can spot them from a mile away. It makes it easier for patients to find them," Maynard says.

The training also emphasized Rush's I CARE values. "We stressed that these are the values at the center of what Rush does and our associates should mirror them," Maynard says.

### Providing Directions and Compassion

Patients and visitors turn to the guest relations associates for a variety of assistance. Much of Harris' day is spent providing directions, which she often traces out on the campus maps she gives out. She also provides information about nearby hotels and restaurants; helps people up the ramp from the Atrium Building into the Professional Building; and assists with special requests, like a mother looking for a top for a baby bottle.

In the Smith Lounge, where visitors await word about patients undergoing surgery, Leo Garcia Jr., another hospital guest relations associate, gives the visitors pagers and explains the layout of the hospital (the most common question is where can they get something to eat). He also takes the calls that come in steadily; pages the visitors when there's news for them; and directs them to discharge or the patient's hospital room.

They also have to respond to delicate situations. Garcia, who has been with Rush for

almost 10 years, and Harris, who joined the department in January of last year after working at other hospitals in a variety of roles, often have to assist patients who are distraught. "People come to the desk after a diagnosis and burst into tears. Some people come in agitated. I have to show compassion, because I know they're not angry with me," says Harris, who sometimes personally escorts them to their appointments.

This combination of compassion and a strong customer service orientation has drawn the admiration of people who work with the department. "They really are driven by an understanding that patients coming to them need a friendly face and a helping attitude, and patients appreciate it," says Francis Fullam, senior director of marketing research and patient relations. "I see it every day walking the hallway. They're proactively asking patients if they need help, and if they see patients who clearly need help, they're quick to help them."

The department's leadership hopes they're also setting an example for the rest of the Rush community. "We hope our people contribute to Rush's understanding of the effect we all have on our patients and visitors, and that we make the hospital a more personable place by what we do," Maynard says. •



# Employee Awards

## 3RD QUARTER

Every quarter, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers. These employees are shining examples of the Rush I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the winners of Rush’s awards for the third quarter of fiscal year 2010.

### CLINICAL EMPLOYEE OF THE QUARTER

Patients in the Surgical Intensive Care Unit (SICU) require highly skilled nursing care. **Donna Stel, RN III**, SICU, a 30-year employee at Rush, possesses a wealth of knowledge and skills that make her a key part of providing such care. She is an advocate for patient safety, is a member of multiple committees and frequently serves as a charge nurse. “I have known and worked with Donna for the last 18 years. She is an outstanding individual,” says Robert March, MD, associate professor, Department of Cardiovascular Surgery. “Donna has the skills to provide the highly technical and rapid-paced care needed in the SICU, and her energetic personality is a strength in achieving consistently excellent patient care.”



### NON-CLINICAL EMPLOYEE OF THE QUARTER

When Rush’s Older Adult Programs were selected to implement a health self-management program for older adults in Chicago, **Elaine Scorza, MS, APRN**, senior psychiatric medical auditor and coder, outpatient psychiatry, eagerly accepted the opportunity to be one of the program’s leaders. She also is certified to train others to facilitate the program. “Elaine’s collaboration on this project was invaluable, and her commitment to excellence and organizational consistency was ever-present,” says Dana Bright, coordinator for community health, Older Adult Programs.



### MANAGER OF THE QUARTER

**Angela Mason-Johnson**, director, college admission services, has demonstrated her strong passion for education during her 12 years at Rush. She understands that decisions affect multiple areas throughout Rush University, and she makes every effort to collaborate to ensure that the people who may be affected are involved in the decision-making process. Mason-Johnson has provided the University with innovative ideas for improvements in everyday practices, always keeping in mind how the University can serve our community and student population more effectively. “Saying Angela is an excellent leader isn’t enough. She embodies the I CARE values, and she is highly respected by her staff as well as others in student services,” says Kelly Gaines, admission counselor.



### TEAM OF THE QUARTER

When a patient in labor and delivery has a request for anything from ice chips to pain killers, they call the **Core Labor and Delivery unit clerks**, who deliver messages to nursing staff to notify them that the patient needs assistance. These unit clerks also must manage phone calls, patient requests and nursing requests, all while answering questions that family members may have. They are pleasant, fast and thorough, giving patients and families a positive impression of Rush. “They help me to do my job well. Things always go more smoothly with them. I suspect people will remember the kind word or encouragement from one of the unit clerks during a frightening situation,” says Joan Mikol, staff RN, labor and delivery.

*(Standing from the left) Unit clerks in labor and delivery: Ciera Wilson, Olivia Askew and Ann Fisher*



### CAROL STEGE AWARD for Environmental Services

**Willie Carter**, environmental technician, Environmental Services, has worked at Rush for more than 12 years. She receives regular praise for her work on 9 North Atrium, for her compassion and for her many acts of kindness. Veronica Fleeton, assistant director, Environmental Services, recalled a comment in a patient survey thanking Carter for going to the nurses’ station to get her socks. Carter also helped the patient put on the socks before she began cleaning her room. “We thank you for your service and your compassion. Don’t ever stop caring for our patients,” Fleeton says.



### CAROL STEGE MEMORIAL AWARD for Medical Center Engineering

**Ludella Page**, maintenance painter, Medical Center Engineering, adds her special touch to everything she does with an extra effort that enhances the appearance of Rush. “We all know that we have wonderful employees who go above and beyond their duties, and Ludella is one of those employees,” says Damon Metcalfe, manager, carpenter and lockshop. “She is one of my top painters and the first female engineer at Rush. She is a real asset to our department.”



### RUSH VALUES AWARD

**William Gunn**, groundsman, Medical Center Engineering, displays pride and dedication in his work helping maintain the grounds at Rush. In the winter, Gunn makes sure the sidewalks are shoveled and salted so that visitors do not slip on our campus. “What impresses me is that he may be working in an area not too many people would ever see, but he attacks his work as if he was on Michigan Avenue in full view of the city. This is not the first time I have noticed Mr. Gunn at work, and I wanted to see him rewarded,” says James M. Williams, PhD, professor, anatomy and cell biology.

The Purchasing and Contracts Department orders a variety of supplies for Rush — from pens to medical supplies. **George Saba**, a purchaser in the department, has been nicknamed “Mr. Responsible Rush” for his prompt and reliable service. Saba is careful when planning orders. He diligently follows up with each and every order and coordinates with others. “We had an essential experiment running and we needed DNA primers fast. George coordinated with others for fund approval so that we could continue our work,” says Kalipada Pahan, PhD, the Floyd A. Davis, MD, Endowed Chair of Neurology.

“He is someone we rely on when there are any issues related to vendors, ordering, etc. He truly deserves this award.”



*George Saba*

### PATIENT SATISFACTION “STAR”

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction “star” award. This quarter, five stars were honored: **Paula Borges, RN**, ambulatory surgery; **Robert Franczek**, nuclear medicine tech; **Glenn Klaassen, RN**, 9 South Atrium; **Cathy Murphy, RN**, Rush Breast Imaging Center; and **Emily Poole**, senior speech language pathologist, speech-language pathology. Their patient evaluations included the following comments:

- “My nurse, Paula, called me after my surgery to see how I was doing and helped me get a medication that I needed after I left Rush.”
- “Robert is very professional, kind and courteous. Thank you for helping me to be less nervous and for making my exam less traumatic.”
- “The impressive nursing staff nurtured, listened to and cared for me. Thanks to Glenn, who sang happy birthday to me. I’ll always remember this thoughtful act.”
- “Cathy Murphy was wonderful; I can’t say enough positive things about her. She is excellent in patient care and above all, she is very genuine and compassionate.”
- “Emily Poole is the best medical professional that I have ever met. She makes me want to return. Don’t let Emily ever leave.”

*(Standing from the left) Cathy Murphy, RN; Glenn Klaassen, RN; Paula Borges, RN; and Emily Poole. Not pictured: Robert Franczek.*



*To nominate someone for a quarterly award, call Priya Patel at ext. 2-3625.*



## Appointments

**Paula Dillon, MS, RN, NEA-BC**, director, medical-surgical nursing, recently accepted the position of acting vice president for clinical nursing and chief nursing officer (CNO). Dillon will serve in this interim position while the Medical Center completes a nationwide search for a replacement for **Jane Llewellyn, PhD, RN, NEA-BC** — vice president for clinical nursing, chief nursing officer and associate dean for practice — who retired from her position in March as chief nursing officer after 38 years of distinguished service to Rush. A Rush veteran for almost 35 years, Dillon's experience, seniority and knowledge of the Medical Center and of its nursing culture made her a natural choice to be acting CNO. She has chosen not to be a candidate for CNO herself, but she graciously has agreed to assume this important responsibility until a new one has been selected.

**Sharon Gates, MA**, was promoted from director to senior director of multicultural affairs and community outreach for Rush University. In this role, Gates will collaborate with all four colleges in the planning for the recruitment and retention of underrepresented minority students. She also will expand community outreach programs and help with the development of Rush's global health initiative. During the course of her career, Gates has devoted more than 20 years to Rush in leadership roles in philanthropy, multicultural affairs and community and global health.

Rush has appointed **Richa Gupta, MBBS, MHSA**, as associate vice president for performance improvement and clinical effectiveness. In this role, which she began in January, she will provide leadership for Rush's performance and clinical quality improvement activities, patient relations and infection control. For the past eight years, Gupta has served in various roles at Northwestern Memorial Hospital. Most recently, she served as director of surgical services at Northwestern and previously has served as business manager of surgical services and quality leader of operations and quality.

Rush has named **John P. Mordach, MBA**, as its new chief financial officer (CFO) and senior vice president. He brings more than 25 years of health care financial management experience to Rush, including service as CFO of two other urban academic medical centers. He most recently served as the CFO and treasurer for Loyola University Health System, where he worked closely with its chief executive officer to strengthen the system's financial position, operating results and bond rating. Prior to Loyola, Mordach was the senior vice president and CFO at Edward Health Services in Naperville, for three years.

**Mike Mulroe, MBA, FACHE**, recently was promoted from associate vice president to vice president of hospital operations. When he started at Rush, Mulroe was responsible for purchasing and supply chain management. His current responsibilities include clinical engineering, graphic reproduction, mail services, pharmacy, supply chain management and security. In his role as chairperson of the Environment of Care Committee, he provides organizational leadership for Joint Commission readiness related to the physical environment at Rush, including emergency management-related activities.

The Community Memorial Foundation (CMF) Board of Directors added **Anthony Perry, MD**, director, Johnston R. Bowman Health Center, associate professor, internal medicine, as one of its new directors. CMF is a grant-making organization that works in partnership with nonprofit community agencies, government and business to measurably improve the health of those who live and work in the western suburbs of Chicago. It has awarded more than \$47 million in grants since 1995.

**Mary Ryan, RN, MSED**, was promoted from senior administrator for primary care to assistant vice president of Medical Affairs Ambulatory Operations. Ryan continues to be responsible for primary care strategy and operations; the implementation of the medical home model of care delivery; and the Division of Ambulatory Nursing. She also is now responsible for Rush University Medical Group practice operations, staffing models, and implementation of new process and workflows as Rush rolls out its Epic ambulatory applications.

**Julio Silva, MD**, chief medical information officer, information services, recently was promoted to vice president, clinical systems. Silva has been responsible for the development and implementation of clinical information systems, notably Epic, Rush's electronic medical record (EMR) system. As the lead physician in this effort, he is responsible for the overall integration of clinical practice guidelines, protocols and workflows into the EMR. In his role in the Department of Emergency Medicine, he will continue his work as co-principle investigator on Department of Defense-funded research in biosurveillance and bioterrorism preparedness.

**Albert Strickland** was promoted from senior director to assistant vice president for Rush University Medical Group (RUMG) revenue cycle management. This includes Vyridian revenue cycle management as well as the clinical trials area. Strickland has been a key part of the RUMG management team who provides day-to-day oversight, develops the appropriate policies and procedures to ensure that RUMG's revenue cycle processes are enhanced and continue to be a University HealthSystem Consortium best practice.

**Lisa Swiontek, RN, MBA**, was recently appointed to assistant vice president, clinical information services. She has served as the director of clinical information services for the past three years and has led the clinical teams that successfully implemented Epic, Rush's electronic medical record system. In her new position, Swiontek will be responsible for oversight of the continuing work to implement Epic in Rush's inpatient units, Rush University Medical Group and Rush Oak Park Hospital implementations.

## Kudos

**Beth Bolick, DNP, NP**, associate professor, Department of Women, Children and Family Nursing, specialty coordinator-acute/chronic care pediatric nurse practitioner program, has co-edited *Pediatric Acute Care: A Guide for Interprofessional Practice*. The 1,250-page book is intended as a reference for practice and as a

resource for training health care professionals who care for the patient in a variety of settings, including the emergency, transport, inpatient and critical care environments. It will be published in July.

The American Society of Hematology's (ASH) scientific committee on hematopoiesis invited **Kent Christopherson, PhD**, associate professor, Division of Hematology/Oncology and Cell Therapy, to serve a four-year term as a member. ASH scientific committees are responsible for recommending scientific sessions at the ASH annual meeting; building on ASH's expertise in basic and translational science to help define a research and policy agenda for hematology; assisting in identifying opportunities for interdisciplinary research related to hematology; and recommending member scientists for consideration by the awards and nominating committees. Christopherson's term began Jan. 1, 2011.

**J. Robert Clapp Jr., FACHE**, senior vice president, Hospital Affairs, Rush University Medical Center, and executive director, Rush University Hospitals, received the Ohio State University Health Systems Management Program 2010 Champion of Diversity Award.

Co-principal investigators **Henry Fung, MD**, director, Section of Bone Marrow Transplant and Cell Therapy, and **Kent Christopherson, PhD**, associate professor, Division of Hematology/Oncology and Cell Therapy, received a \$200,000 grant from The Coleman Foundation for their study, "Optimal Mobilization of Stem Cells for Cellular Therapeutics." The two-year grant began on Oct. 1, 2010 and runs until Sept. 30, 2012. The project's objective is to assess the ability of a specific set of existing and novel drugs to mobilize stem cell populations from the bone marrow into the peripheral blood in laboratory mice.

The Illinois Division of the American Cancer Society named **Katherine Griem, MD**, professor, radiation oncology, as its new president. This position is the American Cancer Society's highest medical and scientific volunteer office in the state. Griem began serving her two-year term in October.

In honor of his impact on lung cancer research, especially in regard to improved approaches to early detection, the LUNGevity Foundation awarded **James Mulshine, MD**, associate provost for research at Rush, its 2010 Melissa Lumberg Zagon Award. As the LUNGevity Foundation's

co-founder, former president and chairperson, Zagon helped lead a national effort to increase funding for lung cancer research. She lost her battle with the disease in 2007.

The American Heart Association (AHA) of Metropolitan Chicago selected **Annabelle Volgman, MD**, associate professor of medicine, University Cardiologists, as the 2011 Chicago Heart Ball medical honoree. Volgman was selected for this prestigious award for her work as a clinician, educator and researcher, as well as the numerous ways she has embraced the mission of the AHA. She served as president of the Chicago Metro AHA board of directors from 2008-2010 and has served on the board of directors since 2002. Volgman will receive the award at the 2011 Heart Ball on April 16 at Navy Pier.

**Rush University**, in partnership with the University HealthSystem Consortium (UHC), received a three-year, \$500,000 Market Development Cooperative Grant from the U.S. Department of Commerce to help boost medical travel to U.S. academic medical centers. The project's goal is to stimulate growth in the number of patients from abroad choosing U.S. academic medical centers for care. The project pursues this goal through the use of data that tracks medical care exports, networking across institutions and the implementation of best strategic business development practices. Medical care exports are defined as medical care in the U.S. purchased by individuals outside the country.

In Rush's Department of Health Systems Management (HSM), **Tricia Johnson, PhD**, associate professor, and **Andrew Garman, PsyD**, associate chairperson, will develop a methodology to value medical care exports and assess the impact of the above strategies on exports over the next three years. UHC's **Steven Meurer, PhD**, and **Samuel Hohmann, PhD**, who are both assistant professors in HSM at Rush, will establish a forum for international patient programs; create a standardized set of data elements to be reported on international patients; host a series of meetings focused on strategies to increase the global competitiveness of U.S. academic medical centers; and develop strategic relationships with foreign private payers and ministries of health.



Richa Gupta, MBBS, MHSA



John P. Mordach, MBA



Mike Mulroe, MBA, FACHE



Anthony Perry, MD



Kent Christopherson, PhD



Henry Fung, MD



Katherine Griem, MD



From left to right: Sam Hohmann, PhD; Peter Butler, Rush president and chief operating officer; Steve Meurer, PhD; Irene Thompson, president and chief executive officer of UHC; Nicole Lamb-Hale, assistant secretary of manufacturing and services, U.S. Department of Commerce; and Tricia Johnson, PhD



# News Briefs

## FREE COMMUNITY EVENTS

Rush University Medical Center offers an ongoing series of free community events led by experts at Rush. Registration is requested for most events. To register, please call the Rush physician referral service at ext. 2-5555 or (888) 352-RUSH (7874).

## PREVENTION STRATEGIES: PAVING THE WAY TO GOOD HEALTH

Tuesday, April 5, 6 to 8 p.m.

Armour Academic Center, Room 976

Join experts from the Rush University Prevention Center to learn about screening, preventive programs and treatments for a variety of related conditions, including obesity, diabetes, heart disease and hormonal imbalances. Find out how to improve your overall well-being by changing your body and your mind and renewing your vitality through healthy eating and fitness habits.

## LEND YOUR VOICE

The Rush/Stroger Gospel Choir is looking for new members. The gospel choir has performed at the Chicago Gospel Fest and can be heard in the cafeteria on special occasions throughout the year. Rehearsals take place every Tuesday in the Taylor Chapel from noon to 1 p.m. For more information, please contact Ida Byrd at (312) 622-2213 or Erma Hylton at ext. 2-4100.



The Rush/Stroger Gospel Choir performing during the 2009 holiday party.

## BE SMART WITH CHANGING YOUR LIFE

At Rush, keeping people healthy includes helping Rush staff, employees, students and volunteers lead healthier lifestyles. As part of that effort, Cassie Vanderwall, MS, RD, LDN, CPT, a registered dietitian at Rush and a certified personal trainer, offers tips about healthy eating and activity in each issue of NewsRounds.

Most people find it difficult to change unhealthy behaviors, but by setting sensible, smart goals, you can make life changes that you will be able to keep. Change takes place in small increments and begins with a little step in a different direction than how you are currently behaving. Make these small steps your goals and you'll have a greater chance of success. It is important for goals to be **smart**; that is, specific, measureable, attainable, realistic and timely.

Take note of how the following common New Year's resolutions are transformed by the smart principles.

### • Exercise more.

Be **specific** — For example, I will walk briskly for 10 minutes before breakfast, lunch and dinner (or for 30 minutes before a meal) on Monday, Wednesday, Friday and Saturday.

This new goal helps to identify what, when, where and how, while leaving little room for interpretation and excuses.

### • Lose weight.

Make it **measurable** — I will lose one pound every week by making water my primary beverage and limiting caloric beverages, like regular soda and alcohol.

Measureable goals are easier to track as time goes on. The long-term goal is progress — not perfection.

### • Quit smoking.

Make it **attainable** — I will call my friend when I have the urge to smoke a cigarette and limit myself to a certain amount of cigarettes per day with the desire to quit smoking by June 1, 2011.

Many people are able to quit smoking cold turkey, but many more need assistance in the process. Since addictive substances often are a way to cope with a stressful situation, a more positive coping mechanism is necessary in order to make this goal attainable. Genuine relationships are an important part of a healthy lifestyle and provide the social support that is key to making successful resolutions.

### • Stop eating fried foods.

Be **realistic** — I will choose fried foods sparingly by limiting them to one serving, one time per week.

Fried foods can add a lot of unnecessary calories and fat to our meals. We can usually enjoy the same food baked, broiled or grilled with a lot less calories. It is not necessary to say that one will never eat fried



Cassie Vanderwall, MS, RD, LDN, CPT

foods ever again, because most foods can be enjoyed in moderation.

### • Learn something new.

Be **timely** — I will learn how to cook a new food every week for 10 weeks.

When we are making life changes it is important to provide a time-frame so that we can assess our progress later.

The **smart** framework can be very helpful in pursuing any life change. If you have additional questions about behavioral changes related to nutrition and wellness, or are interested in speaking with a registered dietitian or personal trainer, please call (312) 942-5926.

## HELPING BRIDGE A CULTURAL GAP

Carlos Olvera is manager of Interpreter Services at Rush, where he assists patients and families who aren't proficient in English or have hearing impairments. Olvera helps them communicate with doctors and other staff members in multiple languages. *NewsRounds* spoke to him about the rewards and challenges of his role.

### What do you enjoy most about being an interpreter?

Everything. Just seeing patients' faces and knowing that we are able to get involved in their care. We ask questions about them and empower the patients so that they are able to ask their doctors questions and understand what they're told. We try to be completely neutral and transparent; so we position ourselves so that the patient and provider look at and direct their conversation to each other instead of us. The interpreter stands behind the doctor, which is a little awkward at first, but after a few minutes, both the provider and patient feel comfortable enough to joke around and open up to each other, and converse more naturally. In a sense, the interpreters are acting as cultural brokers by educating others about various cultures, in how they talk and communicate.

### What is the hardest part of your job?

Realizing that a patient is at a crucial point in their health when there is a serious problem or a family meeting that could have been avoided if we had been called earlier. Also, it is stressful when we have to give sad news. Another hard part is that it is difficult to translate medical jargon and terminology to a patient who does not necessarily understand those aspects, let alone the language barriers that exist.

### How did interpreter services first get started here at Rush?

It started in 2000. The former director of volunteer services, Diane Mikrut, organized a task force with different representatives from different departments. For two years they gathered information, and in the end they determined there was a need here for interpreter services. Three interpreters were hired, and we started our first day by going out and talking to people and letting them know that we had this service available to use. We went floor by floor and encouraged others to use interpreters, and that is how we got our momentum and the word out. We had 120 requests the first month, and today we receive approximately 6,000 requests a month.

### What motivated you to become an interpreter?

It all started when I was attending the University of Illinois at Chicago (UIC) for biology. I was on a state scholarship, and I wanted to give back to the community. So I went to the old Cook County Hospital and approached the director about volunteering. He asked if I spoke another language, and when I said, "Yes. I speak Spanish," he immediately made me an interpreter, without any training. I was 17 years old, and I felt like I was helping patients right then and there. It provided instant gratification.

I stayed at Cook County for four years while I attended UIC and then decided to take a break after graduation. Before I went back into the workforce, I received training at Westlake Hospital in Melrose Park.

### What kind of training is needed to become a professional interpreter?

The first month of training was learning theories in a classroom setting. The second phase involved learning terminology, combining classroom

learning with the clinical aspect of seeing patients. The third phase involved 120 hours of community service, which I completed at Cook County Hospital. At the end of the third phase, I was a trained interpreter.

If you need an interpreter, you can contact Interpreter Services at ext. 3-2987.



Carlos Olvera



# BLIZZARD 2011

## DEDICATION, SACRIFICE AND SLEEPOVERS CHARACTERIZE RUSH'S RESPONSE TO BLIZZARD

One good measure of an organization's strength is how it responds to adversity. When a near record of more than 20 inches of snow fell on the Chicago area on Feb. 1 and 2, Rush showed its strength and the tremendous dedication the Rush community has for its patients.

Many of the people who work at Rush made exceptional efforts to see to it that the patients continued to receive excellent care during and after the storm. Even though the severe weather made travel extremely difficult, employees found ways to get to work, arriving by foot and mass transit. Some even caught rides from an ambulance service that works closely with Rush.

A large number of Rush employees spent the night of the blizzard at or near the Medical Center to make sure they would be at Rush the next day to take care of our patients. Some of them slept in the makeshift dormitory that was set up in the Searle Conference Center, while others slept in their offices or in unused patient rooms. Co-workers who live near Rush also had colleagues stay overnight at their homes.

## RUSH NURSES BRAVE SNOWSTORM TO TRANSPORT INJURED INFANT

Only one vehicle was driving along Interstate 290 as the blizzard was coming to an end on Wednesday morning, Feb. 2. It was an ambulance bringing two Rush nurses from the Medical Center to Sherman Hospital in Elgin to transport a newborn infant with a head injury to Rush for observation.

The one-day-old boy had been injured in a fall, and he needed to be brought to a hospital with pediatric neurosurgery capabilities in case it became necessary to operate to relieve the swelling in his head. Rush is the referral center for Sherman Hospital for such cases.

Rush had received the request for the infant to be transported the night of Feb. 1, but the blizzard made it impossible to send a team for the child then. Lorenzo Munoz, MD, director of

*continued on back*

"Many employees temporarily took on new roles. They transported patients, served meals and cleaned rooms," observes Peter Butler, Rush president and chief operating officer. "The leadership of the Hospital Incident Command System team made sure Rush was prepared for the storm and guided Rush through it."

Thanks to this combined dedication, patient care was largely unaffected by the blizzard. "Surgeries took place, babies were delivered and patients were cared for in countless ways throughout the Medical Center," says Larry Goodman, MD, Rush CEO. "In addition to maintaining clinical services, the sidewalks were cleared, the power remained on, supplies reached caregivers and patients and staff were fed."

"It is inspiring and deeply fulfilling to know that Rush has such dedicated, devoted and selfless employees," Goodman continues. "The outstanding response during the blizzard embodies what Rush is about — putting our patients first and foremost and making sure they receive the best possible care."



Left-right: Megan Jones, APN, and Erin Hederman, RN, with a patient in the Rush Neonatal Intensive Care Unit.

"We received volunteers from finance, cardiology, radiology, supplemental staffing and human resources who were willing to help in any way possible. They not only transported patients but acted as equipment techs to make sure halls and corridors were cleared."

— Keishia Yates, director, transport services

"The food and nutrition services employees and supervisors worked hard and exemplified the Rush I CARE values during the blizzard. Our patients, staff and guests all were fed without a break in service. They are a great team. Thanks also to our dietetic interns, who helped feed our patients."

— Marcy Stone, MEd, RD/LN, assistant director, food and nutrition services

"I am grateful to all of the 8 North Atrium heroes, who worked extra hours and shifts, slept over at the Medical Center and spent hours getting to work in the snow. What an amazing group of human beings. The demonstration of camaraderie, support and teamwork was remarkable."

— Karen Oberman, RN, unit director, surgical telemetry

"I want to express my appreciation and amazement for all the Rush people who pitched in, sacrificed personal safety and exhibited positive, can-do attitudes during the storm. Ward clerks came long distances for the 11 p.m. shift; nurses and residents drove from far away the next morning; and nurse managers stayed in house to help. Security manned the 'dormitory' and made sure people had what they needed to get some rest. The list goes on and on. Please make sure to acknowledge the devotion, commitment and sacrifice of these great professionals."

— William Hayden, MD, section head, pediatric critical care



*Continued from front*

the Rush Neurointensive Care Unit, managed the child's care by phone throughout the night. Meanwhile, 14 Neonatal Intensive Care Unit (NICU) nurses slept overnight in empty patient rooms to ensure that the NICU would be adequately staffed the next day.

When conditions improved in the morning, two of those nurses, Erin Hederman, RN, and Megan Jones, APN, and paramedics with Superior Ambulance, an ambulance service that works with Rush, prepared to make the trip to bring the infant back to Rush. (It is standard protocol for the receiving hospital to get the baby.)

They loaded the ambulance with a transport incubator and a sleeping bag, snow gear,

food, blankets and extra portable bed warmers. "We made sure we had adequate supplies for both the team and the infant in case we got stuck in the snow," Jones says. "There was no guarantee that we were going to make it there."

"Everyone was a little nervous," Hederman adds. "We had already heard about what happened on Lake Shore Drive [where motorists became stranded overnight (see related story below)]. We'd heard about major expressways being closed and ambulances being stuck."

By the time the ambulance departed, the winds had picked up again, blowing snow so heavily that it caused whiteout conditions. "There was very poor visibility. You only could see 30 to 50 feet in front of you," Hederman recalls. "Megan and I are not people that

scare easily, and when we got on the road and looked out at the windows, we looked at each other like, 'this might not be a good idea.'"

The snow-covered highway was vacant most of the way, except for cars stranded along the road. Driving about 45 miles an hour, the ambulance reached Sherman Hospital safely. By early afternoon, when the team began the trip back to Rush with the baby, the wind had died down and visibility had improved.

The team arrived at Rush a little bit before 2 p.m. Fortunately, the baby did not need surgery and went home after three days of observation. "How do you tell a baby's parents that their child might not be taken care of the way he needs to be because there's a snowstorm," Hederman asks. "He needed to be in a place that was prepared to operate if he needed it."

## RUSH NURSE RIGHT BACK ON THE JOB AFTER BLIZZARD ORDEAL

A native of Nigeria, Evelyn Senewo, RN, moved to the U.S. in 1998, and had her first taste of snow during a major snow storm the following year. But it wasn't anything like what she experienced when she was among the hundreds of commuters stranded on Lake Shore Drive.

A clinical nurse coordinator in surgical telemetry, Senewo left the Rush campus around 4:30 p.m. on the afternoon of Feb. 1, a few hours after the blizzard had begun. She arrived at her home in Rogers Park on the North Side of Chicago at 2 a.m.

She already had spent two and a half hours in an exceedingly slow commute when traffic came to a complete standstill around 7 p.m. At that point, Senewo was north of the drive's North Avenue exit. With her cell phone still working and the car still running, she thought she'd be all right. Firefighters on snowmobiles were checking on people in their cars to make sure everyone was all right.

"They told me to stay in my car, so I did," she explains. To pass the time, she talked to her husband and a Rush colleague, Denina McCullum-Smith, RN, BSN, clinical nurse coordinator, surgical telemetry, on the phone and listened to church sermons and sang along with music on her car radio.

When her cell phone died and the car ran out of gas, though, Senewo became frightened. "As I waited in the car, the snow was just piling on top of it. The visibility was awful. I was scared."

Around 1 a.m., Senewo decided to get out of her car and walk to someplace safer, despite continuing snowfall and high winds that were creating whiteout conditions. Because of the way the wind was blowing, the southbound lanes of Lake Shore Drive had less snow than the northbound lanes, so Senewo crossed over the drive's lane divider and began walking north on the southbound lanes.

"Walking in the snow storm I felt all alone," she explains. "Other than seeing the occasional fireman, I didn't see anyone else... not that I would have in that snow."

With the help of some firefighters, she made her way to the Fullerton Avenue exit and headed west. During the mile-long walk to the nearest train station, she met a woman who was sitting in her car waiting for her sister, who also was stranded on Lake Shore Drive. Senewo sat in the car to get warm and used the stranger's cell phone to call her husband. Afterward, she made her way home via the train.

Despite her ordeal, Senewo was back at Rush the next morning at 9 a.m. When asked why she returned to work so quickly after such a harrowing night, her response was simple: "Other nurses couldn't come in due to the weather. The night shift needed relief. I was able to take the train and be there."



*Evelyn Senewo, RN*

Now able to look back on the night and laugh, Senewo has learned some valuable lessons.

"Next time, I will heed the warnings and leave my car in the garage and take the train home," she says.

More important, she's learned how kind people can be to others in the face of hardship, like the woman who let Senewo sit in her car to get warm or the train operator who paid for her because her fingers were too numb to get out money.

"People were so nice that night," Senewo says. "I appreciate everyone from the firemen to my fellow employees at Rush. People called in to the unit to see if we needed help, and they came in to relieve others. It was very comforting to know that everyone here at Rush was looking out for each other. That's just what we do here."



# NEWSrounds

## NEW HOSPITAL WILL BE HEALTHY FOR ENVIRONMENT AS WELL AS PATIENTS



*A construction crew works on one of two skylights that will be part of the green roof on top of the Edward A. Brennan Entry Pavilion of the new hospital.*

A guiding principle in the development of Rush's new hospital building is that it not only is possible for a major hospital construction project to take the environment into consideration, it's essential. After all, for patients to be healthy, they need to be able to live in a healthy environment.

Rush is doing its part by including many environmentally responsible features in the new hospital building. "From the beginning, it's been designed to use water and energy efficiently and keep down waste. We're using environmentally responsible building materials, and we're recycling as much as we possibly can," says Mick Zdeblick, vice president, campus transformation.

Rush's commitment to being "green" (environmentally sustainable) is reflected in the Medical Center seeking Leadership in Energy and Environmental Design (LEED) certification for the new hospital. The U.S. Green Building Council, a nonprofit organization, awards LEED certification to buildings with high environmental standards. LEED certification is awarded after a building opens.

Rush's goal is to receive gold LEED certification, the second highest of four possible levels. If we do, the new building would be one of the first large hospitals in the country to achieve such a high-level LEED certification.

"We want to be a leader in the environment as well as a leader in health care," Zdeblick says. "LEED certification will show we take being green seriously and help us set an example for others to follow."

"Even though building a green hospital has added steps to the design and construction process, we consider it an opportunity," says Larry Goodman, MD, Rush CEO. "Our green features make the building itself a way of promoting better health for the people of Chicago by addressing the link between environmental health and chronic diseases such as asthma."

Once the new hospital is finished, the rest of the Rush campus also will become greener. The Medical Center will incorporate environmentally sustainable features as the Atrium Building and other campus buildings are renovated. In addition, the oldest and least resource-efficient buildings on campus will be removed and replaced with green gardens and space.

"With these efforts, we'll make sure that the excellent medical care Rush provides for patients is matched with care for the environment, and that we live up to our duty to be environmentally responsible members of the community that we serve," Zdeblick says.

*For more about the new hospital's green features, please see page 2.*

## TEAM EASES SUFFERING WITH COLLABORATION, EMPATHY

The newborn baby's skin blistered upon touch. The baby girl was a patient in Rush's neonatal intensive care unit, and the clinicians treating her included a palliative medicine team specializing in pediatrics that was consulted for help with the baby's pain management.

Palliative medicine isn't what people might expect in a situation like this one. It is most often associated with end of life and hospice care, but it's much more than that.

Palliative medicine is an interdisciplinary field that involves nurses, social workers, psychologists, pharmacists and chaplains in patient symptom control, including pain management, supportive care, respite care, rehabilitation and terminal care. Palliative medicine is often a crucial part of end-of-life care for hospice patients, when healing measures are no longer an option.

In its most basic definition, palliative medicine focuses on alleviating pain and other symptoms of serious illness. For the palliative medicine team at Rush, reducing pain is just the beginning.

"As palliative medicine physicians, our goal is to prevent and ease suffering," says Martin Gorbien, MD, chairperson of geriatrics and palliative care at Rush. "We provide palliative medicine across the lifespan, no matter what the age of the patient or what the prognosis is. It is all about quality of life, whether the individual is coping with a chronic illness or troubling symptoms, or facing death."

Gorbien is one of five physicians at Rush who are board certified in hospice and palliative medicine. The others are Michael Leiding, MD, geriatric medicine; Maria R. Hansberry, MD, geriatric medicine; Mei-Ean Yeow, MB, BCh, palliative medicine; and Sean O'Mahony, MB, BCh, BAO, director, Section of Palliative Medicine, who came to Rush last fall.

O'Mahony arrived here from Montefiore Medical Center, the Bronx, New York, where he was the medical director of Palliative Care Service, as well as the center's medical director for the Jacob Perlow Hospice. His clinical and research interests are in program development for palliative medicine and service delivery across the continuum of care. Since his arrival, he's focused on bringing the comfort of palliative medicine to more patients at the Medical Center.

"We're focusing on outreach efforts with intensive care units here at Rush," O'Mahony explains. "We're also developing a palliative medicine clinic for oncology. In addition, we're providing support and expertise with pain and symptom management for patients, families and clinicians."

O'Mahony also plans to use video-conferencing to enhance communication between patients, physicians and families. "Not too many hospitals have videoconferencing capabilities, but we'd like to have it available when clinicians aren't in the Medical Center, especially on weekends and at night for families in the intensive care unit," he says. "It's one more level of support."

Another level of support for patients at Rush will be the opening of an inpatient hospice unit early next year. The 14-bed unit will be located in the Johnston R. Bowman Health Center and will be run by Horizon Hospice and Palliative Care, a hospice service located near the Medical Center, in collaboration with physicians at Rush.

"It's a wonderful collaborative effort," Gorbien says. "It will add another option for patients and families who are experiencing life-limiting illnesses."

This approach can be incorporated into patient care in many ways. For example, people with an advanced illness have a lot of different symptoms, whether from the illness itself or from the medications. Palliative medicine begins with examining the patient's particular stage in life and the disease's progression.

"It can make a tremendous difference in quality of life, especially for patients who are surviving longer now with serious, complex illnesses," Gorbien says. "At Rush, we are committed to implementing an integrated program that incorporates the full spectrum of services for patients and their families, starting at the time of diagnosis and continuing throughout the course of the illness."

O'Mahony is quick to point out that palliative medicine is there for other specialties to rely on as a resource. "We're a clinical specialty that is available throughout the Medical Center to provide support to employees with family members at Rush and for departments at Rush treating patients with chronic illnesses."

The newborn baby with the rare skin condition benefited from the palliative medicine team's help. "The team was able to manage her pain so she wasn't irritable and crying all the time," recalls Jen Misasi, RN, MS, APRN, pediatrics nurse practitioner, who was originally called in to consult on the patient. "We helped make her a normal, happy baby again. She went home after a few months. She's doing well."

*For more information about the palliative care program, please call (312) 942-7030. •*

## INSIDE THIS ISSUE: STROKE CARE AT RUSH

Rush is a recognized leader in the treatment of stroke, the third leading cause of death in the United States. In this issue of *NewsRounds*, you can learn more about the innovative treatments and programs at Rush that are helping improve outcomes for stroke patients. Please see the stories on pages 4 and 5.





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## NEWSrounds

June 2011

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*Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.*

## RUSH’S NEW HOSPITAL COMES IN MANY SHADES OF GREEN

*continued from page 1*

Rush’s new hospital is green in many different ways, including the following methods for using building materials, water and energy:

### Building materials

- More than 90 percent of the steel being used is recycled. The hospital also is making use of recycled concrete, wallboard and wall finishes.
- More than 70 percent of the wood doors were made from materials harvested from certified sustainable forests.
- The paint, adhesives and sealants are low in chemical compounds that produce harmful gases.
- Some of the flooring is free of environmentally harmful polyvinyl chloride.
- More than 90 percent of construction waste from the new hospital has been or is being recycled.

### Water conservation

- Water-saving faucets and toilets, including dual flush toilets in public bathrooms, will use at least 30 percent less water than conventional plumbing.
- Green roofs (roofs that are at least partially covered with soil and plants over a waterproof covering) will slow down the flow of rainwater into city storm sewers. They also will reduce the amount of heat from the sun that builds up on the rooftops.

The parts of the roofs not covered with vegetation will be white, which reflects sunlight rather than absorbing it. This step keeps down the amount of heat the roofs accumulate, so that less energy will be needed to cool the building.

- Condensed moisture from the air conditioners will be used for both watering campus vegetation and for make-up water in the cooling towers of Rush’s Energy Plant. These innovations will save an estimated 3 million gallons of water a year.
- Housekeeping is using mops with highly absorbent microfibers that save 500,000 gallons a year compared to standard mops.

### Energy conservation

- The hospital’s butterfly shape and other design features allow a large amount of natural light into the building, reducing the need for additional electric lighting. In addition, energy efficient lighting fixtures and bulbs will be used throughout the hospital. Sensors in all offices and staff work areas automatically will turn off these lights when the room is unoccupied.
- Energy efficient fans and pumps will be used for heating and cooling.

### Low impact practices

- The new hospital will incorporate environmentally responsible practices already in place throughout Rush, including the Medical Center’s comprehensive landscaping program and food service’s use of containers made from biodegradable materials instead of Styrofoam.
- Rush has maintained a recycling program for the last three years. Last year, Rush recycled more than 1,000 tons of paper, cardboard, plastics, aluminum and tin. That amount was about 25 percent of the Medical Center’s waste stream.

For more information, please visit <http://inside.rush.edu>. •

*Photo: Jim Nowak, Perkins Will*

## RUSH, UNIVERSITY OF MICHIGAN JOINTLY OPERATE NATIONAL CENTER FOR HEALTHCARE LEADERSHIP

In March, Rush, along with the University of Michigan School of Public Health, formalized a partnership with the National Center for Healthcare Leadership (NCHL) to manage NCHL’s research programs, evidence-based management tools and demonstration projects.

NCHL is a not-for-profit organization that works to ensure that high quality, relevant and accountable leadership is available to meet the challenges of delivering quality patient health care in the 21st century. Its goal is to improve health system performance and the health status of the entire country through effective health care management leadership.

NCHL has strong links to Rush. It was co-founded in 2001 by Gail Warden, a former executive vice president and chief operating officer at Rush. Since then, NCHL has created methods for promoting effective management that have helped transform health care leadership. These efforts have led to improved performance and better environments for the delivery of health care services.

The Rush/University of Michigan’s operating agreement is intended to enable the organization to make an even greater impact on health care during a critical time. “Health care in America is undergoing some of the most fundamental changes we’ve seen in a generation, and these

changes have profound implications for the development of health care leadership,” says Peter Butler, Rush president and COO, and chairperson of the Rush Department of Health Systems Management. “NCHL and its supporters have valuable knowledge and tools to address the need for health care leaders who can adapt to this changing environment. Through this collaboration, we hope to make evidence-based management tools more accessible to health care leaders.”

Andy Garman, PsyD, professor of health systems management, will take an operational role as NCHL’s chief executive officer. Well known in the field for his research, books and applied work in health care leadership, Garman will work closely with Christy Lemak, associate professor of health management and policy and director of the Griffith Leadership Center at the University of Michigan, who will serve as chief academic officer.

“The relationship is a terrific fit for us,” Garman says. “Rush and the University of Michigan have highly complementary strengths, which



*Preceptor Nisha Lulla, director, hospital operations, advises first-year health systems management student Matthew Stockhov.*

together will help NCHL further its mission of developing future leaders.”

According to Garman, this partnership signifies Rush’s increasing role in helping the health care field as a whole to grow and prosper with support from highly effective leadership. “It’s an opportunity to showcase Rush University as a great learning environment for future health care leaders to develop,” he says.

Rush University is a leader in training health care managers, as seen in the recent ranking of Rush University’s health systems management program among the top 10 health administration programs in the country in *U.S. News & World Report’s* 2012 edition of its “America’s Best Graduate Schools” listing.

For more information about NCHL, please visit its website at [www.nchl.org](http://www.nchl.org). •



# RUSH HELPS HUMBOLDT PARK FIGHT DIABETES BLOCK BY BLOCK

Research has found that a staggering 21 percent of Puerto Ricans in Chicago’s Humboldt Park neighborhood have type 2 diabetes, one of the highest rates ever reported in both the United States and Puerto Rico. In response, Rush is collaborating with community organizations on a comprehensive health intervention in Humboldt Park called Block By Block.

Funded by a four-year, \$1.7 million grant from the National Institute of Nursing Research, which is part of the National Institutes of Health, Block by Block is a grassroots effort to educate the community, increase early diagnosis and provide resources to improve diabetes care and self-management. The project is being overseen by three community organizations, the Puerto Rican Cultural Center, Pueblo Sin Fronteras and the Greater Humboldt Park Community of Wellness Coalition, in collaboration with researchers from Rush and Sinai Health System, which includes Mount Sinai Hospital and Schwab Rehabilitation Hospital.

“We’re trying to contact literally every adult in that community, about 13,000 people, screen them and get them involved in our program in order to get them to lead healthier lifestyles,” says Steven Rothschild, MD, vice chairperson of preventive medicine and associate professor of preventive medicine and family medicine. Rothschild is co-primary investigator of Block by Block and chaired a community task force that designed the intervention.

Since last July, four community health workers employed and trained by Rush

have been going door to door throughout 72 city blocks in the neighborhood to identify residents who have or are at risk for diabetes. If the resident consents, the health workers administer a survey to assess his or her diabetes risk.

“We take their age, family history, blood pressure, and measurements of their waist circumference, height and weight, and we enter them into a notebook computer program that immediately calculates their risk for having diabetes,” says Johnny Tirado, one of the community health workers. “If they’re at risk, they can go see a doctor on their own, or we can refer them to one of the clinicians in the neighborhood to get checked out. That opens a dialogue about diabetes.”

As of mid-May, more than 1,000 community residents had been contacted, including 255 with diagnosed diabetes and another 150 at high risk for diabetes. The health workers will follow up with residents who are diagnosed with diabetes, encouraging them to seek medical care and make necessary lifestyle changes. “We’ll follow them for two years, connect them with supportive services, help them keep their doctors’ appointments, help them take their medications, and do anything else we can to help them,” Tirado says.

### Community Based and Embraced

Tirado, a former high school teacher and counselor, and the other health workers were recruited from the Humboldt Park community. The community health workers completed more than 100 hours of training in diabetes prior to starting the project. Rothschild says the involvement of



Left to right: Steven Rothschild, MD, meets with Johnny Tirado and Digna Heredia, community health workers in the Block by Block program.

community members is critical to the program’s success. “If you’re going to create sustained change, if you’re going to actually improve health, you’ve got to have grassroots ownership of it,” he says.

Block by Block also includes a community diabetes education center, which houses an education program offering classes in diabetes self-management, nutrition, cooking, yoga and tai chi. Rush provided \$65,000 to renovate the location at Division Street and California Avenue and pay the facilities’ rent. This grant is part of the more than \$200.7 million in community benefits Rush provided in fiscal year 2010.

In addition, the program will work with community organizations to improve residents’ access to fresh produce and physical activity opportunities.

Rothschild will analyze data obtained about program participants to determine if the Block by Block intervention was effective in reducing the severity of diabetes among Humboldt Park residents. If successful, Block by Block will provide a blueprint for interventions that can be initiated in other communities and for other illnesses.

“If we can lower their A1c levels [an indicator of blood sugar control] by half a percent or a full percent, we will have a profound impact,” Rothschild says. “Right now, we’re looking at a house on fire, and we’re taking an-everything-but-the-kitchen-sink approach to help bring change to this community in a powerful and sustainable way.”

For more information about the Block by Block program, please contact Jaime Delgado at (773) 342-0855 or [jaime.delgado@sinai.org](mailto:jaime.delgado@sinai.org). •

# RUSH AND PACE PARTNER TO HELP YOUNG ADULTS BUILD LIFE SKILLS

Rush has long been noted for its commitment to accommodating people with disabilities, including patients and employees alike. Recently, the Medical Center furthered that commitment by establishing a partnership with National-Louis University in Chicago to provide unpaid internships to young adults with learning disabilities.

The program was initiated in 2009 by Jaime Parent, associate chief information officer, whose son Bryan has autism and is a graduate of National-Louis’ Professional Assistant Center for Education (PACE) for young adults with multiple learning disabilities. PACE is a two-year certificate program that includes instruction in academics, career preparation, life skills and socialization to prepare the students for independent living.

Because Parent already was familiar with PACE through his son’s involvement, he was in an ideal position to arrange for a partnership between the program and Rush. “By connecting PACE students with appropriate internship opportunities at Rush, we’re able to help them make the transition to paid employment and independent living,” Parent says.

Janel Morrow, administrative manager at Rush, coordinates the program with the help of Jane Grady, PhD, associate vice president, human resources; Mary Gizzi, onsite job coach; Barbara Kite, assistant director of National-Louis University’s PACE Program; and Denise Bernardo, clerical coordinator, hospital guest relations.

Together, they oversee every aspect of the internship placement process.

Currently, five PACE students have internships in departments throughout Rush. Employed in health care finance, housekeeping and laundry, transportation, and shipping and receiving, each individual is assigned projects and duties suited to his or her interests and capabilities.

Their responsibilities have included scanning printed documents onto a computer, cleaning office areas, picking up and dropping off equipment throughout the Medical Center, data entry and moving stock to designated areas.

Regardless of the tasks the students perform, the underlying goal of the internship is universal. “These opportunities are available to help the PACE students become independent and make an effort in the workforce to provide for him or herself,” Morrow says.

“The young men and woman of PACE are talented, confident and determined to live independently,” she continues. “We can help students in this program learn how to live in the real world and make a difference in a workforce environment.”

The students have a lot to contribute to Rush as well. “Statistics show that individuals with disabilities are capable employees with an unusually strong work ethic and high levels of loyalty,” Parent says. “They often equal or exceed coworkers without disabilities in job performance, attendance and attention to safety.”

During his final semester in the PACE program, Bryan Parent began training to become a stock

clerk at Rush. Previously, he had worked in the warehouse, where his responsibilities included removing empty boxes from the shelves, taking bins with empty boxes to the box compactor and separating garbage from boxes. Last December, Bryan was hired for a restricted part-time position at Rush as a stock clerk, working approximately 32 hours a pay period.

“Bryan is quite capable of handling the stock picker position, and he has proven himself through independent work with very few return orders,” says Gretchen Burns, a consulting job coach Jaime and Tracy Parent hired to work with their son on developing strategies to increase productivity. “Not only does he work efficiently, he brings a positive attitude to mundane tasks, and the staff is grateful for his efforts.”

“Bryan is an extremely hard worker,” says Carl Brewer, stock clerk. “He is always eager to work and seems to enjoy being one of the team players. He always does an excellent job.”

Bryan is flourishing in his position because he’s being accepted, contributing and experiencing pride. “The staff has grown to accept Bryan, and he has created a bond with them. People admire him for his ability to overcome his challenges, yet they treat him like any other warehouse employee,” says Gerald Tisdale, warehouse manager.

When describing his job, Bryan explains it’s about filling orders quickly and making people happy. “I like the people a lot, and I like getting paid,” he says. “Rush is a



Bryan Parent works as a stock clerk in the Rush warehouse.

great place to work, and I’m having a great time.”

Parent credits the PACE program and Rush with helping Bryan to achieve his own goals. He encourages other departments at Rush to consider providing internships for PACE participants. “PACE students are game changers in so many ways,” Parent says. “They make people aware of wider issues faced by people with disabilities in society as well as demonstrating a great work ethic and positive attitude. They are great additions to any department.”

For more information on the PACE program, please contact Janel Morrow at ext. 2-5769 or Jaime Parent at ext. 2-0640. You also can visit [www.nl.edu/pace](http://www.nl.edu/pace) for more details. •



# Rush — HELPING WIN THE BATTLE AGAINST STROKE

Stroke is the third-leading cause of death in the United States, taking the lives of more than 135,000 people a year, according to the National Center for Health Statistics. A stroke is a blockage or rupture of a blood vessel in the brain, which deprives part of the brain of the oxygen it needs to function. Fortunately, today more people are surviving stroke and returning to health.

Rush is helping lead this battle against stroke. Rush has been certified as a primary stroke center by the Joint Commission (a non-profit organization that accredits health care organizations and programs nationwide). This certification recognizes hospitals that make exceptional efforts to achieve better outcomes for stroke patients. In addition, the American Stroke Association (ASA) has awarded Rush the Gold Plus Performance Achievement Award in recognition of Rush achieving high percentages of adherence to ASA performance and quality care indicators.

*For more information about stroke care at Rush, please contact Laura Vaught at (312) 563-2981 or [laura\\_vaught@rush.edu](mailto:laura_vaught@rush.edu).*

## THE CENTER FOR NEUROENDOVASCULAR SURGERY

When Helene Czarnecki arrived at Rush this past Feb. 2, a few hours after suffering a massive stroke, she could not speak or move the limbs on her right side. Within hours of undergoing a minimally invasive surgical procedure, her speech and movement began to return.

Czarnecki, 74, suffered a stroke around 10 a.m. in her

home in the southern suburb of Calumet Park. Fortunately, the stroke occurred while she was on the phone with her daughter, Charlene Czarnecki, who was checking to make sure that her mother was okay in the wake of the blizzard that had raged since the previous afternoon.

Charlene promptly called 911 to have an ambulance come for her mother, then drove to the community hospital where Helene was taken.

“When I got there, they had already taken a CAT scan,” Charlene remembers. “It showed she’d had a massive stroke that had affected the left side of her brain, so the right side of her body was paralyzed.”

Helene immediately was transferred to Rush, which is the receiving hospital for the community hospital’s stroke patient referrals and also is home to Helene’s regular physi-

cians. Despite the blizzard, when she arrived around 12:30 that afternoon, a team including Demetrius Lopes, MD, director, endovascular surgery, was waiting for her and immediately brought her into surgery.

Guided by advanced medical imaging, Lopes threaded a miniature device into a small incision in Helene’s groin and through her blood vessels to the blood clot that was blocking an artery in her brain. Once there, the device literally grabbed hold of the clot, pulled it loose from the artery wall, and kept it in its grasp while Lopes extracted the device.

By 2:30 p.m., Helene was out of surgery and being wheeled into a room in the surgical intensive care unit (SICU). “She was lifting her arm to scratch her brow,” Charlene says. “We stood by her bedside, and her right side was quivering. Hour by hour, you could see the movement coming back. It was amazing.”

Over the next two days, Helene improved enough for her to be moved from the SICU to the Johnston R. Bowman Health

Center, Rush’s inpatient rehabilitation facility. “I was able to walk and move my arm as if nothing had happened. There was absolutely no sign of stroke,” Helene says.

She left the Medical Center 16 days after her stroke and has continued to improve while staying with her daughter. “I can do everything I used to do,” she says.

“She’s regained 100 percent of her strength on her right side. She’s walking, getting dressed, showering on her own,” Charlene says. “The work that Dr. Lopes is doing there is fantastic.”

### On a Natural Highway

Lopes and the rest of the team at the Rush Center for Neuroendovascular Surgery provide the most advanced minimally invasive surgical procedures available for patients with stroke and other diseases that affect the blood vessels of the brain and spinal cord. These procedures use state-of-the-art medical imaging, enabling the team to view

### STROKE FACTS AND FIGURES

- Each year, about 610,000 people suffer from a first stroke, and another 185,000 have a recurrence of stroke — an average of about one stroke every 40 seconds.
- In all, an estimated 7 million people in the U.S. age 20 or older have suffered a stroke.
- The number of deaths from stroke decreased by 18.8 percent from 1997 to 2007.

## VIDEOCONFERENCING LINKS RUSH CAMPUSES TO PROVIDE BETTER STROKE CARE

Stroke patients who seek care at Rush Oak Park Hospital’s emergency room now benefit from the expertise of neurologists at Rush University Medical Center. A new video conferencing system is enabling Medical Center stroke specialists to consult with physicians at Rush’s hospital in Oak Park, no matter where their physical location may be.

This approach helps address two major challenges in stroke care: the short time window available for effective treatment and the limited availability of stroke neurologists who can diagnose stroke quickly and accurately.

Treatments exist that can greatly improve a patient’s chances of surviving stroke and avoiding permanent disability, but time to act is short. When a stroke occurs, there’s only a four-and-a-half hour window in which the clot-busting medication tPA can work, and patients have only about eight hours in which to receive surgical treatment before suffering permanent damage.

A neurologist trained specifically in stroke treatment can make the decision about whether such treatments are advisable, but physicians with these specialized abilities aren’t available at every hospital.

“Nationwide, 25 to 30 percent of patients arrive at a hospital emergency room within

the treatment window for tPA, but only 2 to 3 percent of all stroke patients actually receive tPA,” says Shyam Prabhakaran, MD, director, Rush Stroke Program. “By speeding up the time it takes for stroke experts to see patients using this system, we are able to help provide care within minutes and reduce the risk of complications in many more stroke patients.”

The system uses a robot outfitted with a video camera and a laptop computer with a secure Internet connection. Through the computer, the neurologist can control the camera to view and speak with the patient, family members and medical staff. The patient can see the physician on the robot’s computer screen, allowing for two-way communication and a more personal connection.

“A physical exam to determine if a patient should get tPA depends mostly on observation. With this system, we can evaluate a patient’s speech, level of consciousness, and ability to move,” Prabhakaran says. “It is like we are bedside with the patient.”

The Medical Center’s physicians also have access to Rush Oak Park Hospital patients’ medical information, including CT scans, lab results and vital signs, through Rush’s electronic medical record, which links the two hospitals. Since the system uses a laptop computer, the neurologist can log on from anywhere Internet access is available and



*Daniel Noonan, MD, uses videoconferencing to consult with Shyam Prabhakaran, MD (in video screen), in evaluating a Rush Oak Park Hospital emergency room patient for signs of stroke.*

provide crucial, time-sensitive evaluations and recommendations.

Using this information and the patient evaluation made possible through video conferencing, the stroke neurologist can make a decision about the course of treatment within minutes. The stroke neurologist then either will turn the patient’s treatment back over to the Rush Oak Park Hospital

emergency physician or initiate a transfer to Rush’s main campus if the patient needs specialized treatment.

“Having a trained stroke neurologist available within minutes through the video conferencing process allows us to offer the highest level of care to our patients,” says Daniel Noonan, MD, director of emergency medicine at Rush Oak Park Hospital. •



# — FIXING THE BRAIN FROM WITHIN

the affected area and map a path to it through the blood vessels. “These vessels are like natural highways,” Lopes says.

Guided by these images, Lopes routes catheters through patients’ bodies, carrying with them blockage retrievers, such as the one that removed Helene’s clot; stents (wire mesh tubes) that enable blood to flow; and coils that reinforce weakened blood vessels. “The bottom line is you’re repairing blood vessels. You’re repairing weaknesses or opening blockages,” Lopes says.

Because these procedures require only a small incision, they’re far less risky than open skull surgery, and therefore can be offered in many more situations. Risks of infection and other complications are much lower, and hospital stays and recovery times are much quicker.

“It really changes the landscape for treatment options for stroke patients,” says Michael Chen, MD, assistant professor, neurology, neurosur-

gery and radiology, who along with Lopes leads the center.

**A Home For Collaboration**

The collaboration between Lopes and Chen enhances the care the center provides patients. “Before, a neurologist would be involved in the initial evaluation and hand off the patient to a surgeon without being aware of the nuances of the procedure,” Chen reflects. “In this situation, we push to look beneath the surface, to use our expertise to be able to anticipate problems in the brain or potential issues that may come along the way.”

Drawing on this expertise, the center performs about 800 procedures each year and has the capacity to provide treatment 24 hours a day, seven days a week — even during blizzards. The center’s staff includes specially trained nurses, medical technicians and administrative staff.

At the beginning of this year, the center moved into a new dedicated space on the fifth floor of the Atrium Building.

“The center has grown to the point that we have so many members of our team that we needed a place to call home,” says Lopes, who launched the neuroendovascular surgery program when he arrived at Rush in 2001. “Here, we can discuss what’s going on in our procedure room and track our outcomes to confirm everything we’re doing is going in the right direction.”

The space also supports Rush’s educational and research missions, providing an office for the coordinator of the center’s research studies, and space for fellows and students involved in them. Visiting physicians who come to the center from across the world now can observe procedures taking place on monitors in the center’s conference room, directly adjacent to the procedure room. The center also will be starting a one-year fellowship in neuroendovascular surgery beginning this July.



Demetrius Lopes, MD, examines Helene Czarnecki

Every Friday morning, the center’s staff gathers in the conference room to prepare for the next week’s cases and review the past week’s procedures. “We use our collective knowledge to better prepare. We preview the upcoming week’s cases and try to anticipate any problems that may come up, and we talk about the previous week, any complications that

may have occurred and cases where a problem almost happened,” Chen says.

“The key thing is quality control,” Lopes adds. “You think that in 10 years you have this down, but this is really fine-tuning it.”

For more information about the Center for Neuroendovascular Surgery, please call (312) 942-2020 or email [rush\\_stroke@rush.edu](mailto:rush_stroke@rush.edu). •

## NEW STROKE BUDDIES PROGRAM ASSISTS PATIENTS THROUGH RECOVERY

Without proper support, people who go home from the hospital after a stroke can have problems doing the things they need to do in order to recover. As a result, about a third of stroke survivors who return home experience a loss of their ability to function, poorer quality of life, isolation, depression and greater risk of death.

To help Rush stroke patients take better care of themselves after they leave the hospital, Rush launched its new Stroke Buddies program in May. Stroke Buddies pairs up volunteers from Rush’s stroke survivors support group with student volunteers from the Rush College of Nursing, who together call stroke patients in their homes twice a month.

Between them, the nursing student and stroke survivor can provide a combination of medical knowledge, and personal understanding and support to guide survivors through the recovery process.

“Most of stroke treatment is focused on the hospital bedside. After patients leave the hospital, it’s important to maintain continuity of care. I hope this program will help accomplish that,” says Jessica Mason, a recent graduate of Rush’s generalist masters for non-nurses (GEM) degree program.

Mason and fellow GEM student Anna Wojdyla designed the Stroke Buddies program while they were earning their degrees, which they received earlier this year.

**Reaching Out A Steadying Hand**

John Barstad, a volunteer in the Stroke Buddies program who had a stroke five years ago, observes that survivors can feel very frightened and alone after their stroke. “You have lots of problems, both physically and intellectually, because your brain isn’t working right,” says Barstad, who has recovered from his stroke, with minor vision loss the only lingering affect. “It’s a very solitary period. Having someone who knows what you’re going through is very helpful.”

During each call, the Stroke Buddies team and the patient review the personal profile each patient receives when he or she is discharged from Rush. Together, they go over issues such as whether the patient is taking medication as prescribed; if that patient is having difficulty with transportation to physician appointments; physical and occupational therapy; and if the patient is showing any signs and symptoms of another stroke.

The Stroke Buddies also provide referrals to resources that can assist patients with any problems that arise, such as coupons for discounts on prescriptions and bus services provided by Medicare.

“The program is designed to help the patients be more independent,” says Laura Vaught, RN, stroke program coordinator, neurology. “It’s not designed to do the work involved in recovery for patients; it’s designed to give patients the resources to do it themselves.”

Stroke Buddies volunteers have received training covering subjects including signs and symptoms of stroke, complying with patient privacy regulations, empathetic listening, building rapport with patients, and crisis intervention. Once a month, the volunteers will attend a multidisciplinary meeting with members of the stroke program where they go over the issues facing patients that have come up during their calls.

**See How Well They’re Doing**

More than 700 patients are hospitalized at Rush for stroke each year. About 35 percent of them go home after they leave the Medical Center, and the rest go to a care facility.

The program will track 20 patients who receive calls from Stroke Buddies teams, using a clinical measurement of their ability to function independently and patient satisfaction. After six months, the program will assess whether these patients are doing better with regard to increased compliance with medication and follow-up appointments, decreased hospital readmissions and greater patient satisfaction. If program participants are found to be doing better in these areas, the program will be continued and expanded to additional patients.

For more information about the Stroke Buddies program, please contact Yulonda Lundy at (312) 563-2983 or [yulonda\\_lundy@rush.edu](mailto:yulonda_lundy@rush.edu).



John Barstad, a stroke survivor, and Amanda Conway, a Rush College of Nursing student, speak by phone with a patient in the Stroke Buddies program.



# Employee Awards

Every quarter, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers. These employees are shining examples of the Rush I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the winners of Rush's spring employee awards, which were presented on March 24.

## EMPLOYEE OF THE QUARTER

**Lisa Pint**, RN III, surgical intensive care unit (SICU) is a champion for helping people and the planet. A nurse at Rush for 15 years, Pint frequently travels with the aid group "Doctors Without Borders" on medical missions to areas devastated by war and natural disaster. At Rush, she makes an effort to find unused medical and office supplies to avoid unnecessary expense and waste. She collects unwanted gym shoes and drops them off with a local organization to be recycled into playground and athletic surfaces. "In addition to being an amazing nurse, Lisa serves the unit, the community and the world with passion and respect, and she lights a fire beneath her co-workers to do the same," says Melissa Browning, DNP, APRN, clinical nurse specialist, SICU.



## NONCLINICAL EMPLOYEE OF THE QUARTER

**William Boyd**, patient access coordinator, makes sure to treat his customers as if they were members of his family. Throughout his typically hectic days of registering patients for outpatient lab work, he is courteous, greets each person with a smile, and takes the time to introduce himself and answer questions. Upon their return, patients ask for him by name. "It's both a joy and honor to manage such a wonderful person," says Lavera Leftridge, patient access manager, who has received many compliments and letters of praise for Boyd from patients. "He embraces change and is eager to learn new functions or processes, especially those that will help him to be more efficient."



## MANAGER OF THE QUARTER

**Ann Lough**, RN, clinical nurse coordinator, surgical intensive unit (SICU), has made many contributions as a nursing leader during her 31 years at Rush. Lough has served on numerous committees, among them the palliative care committee and the policy and procedure committee, and chaired the adult critical care policy committee and the standards of practice committee. She also helps lead staff training in new procedures. In addition, she comes to work on weekends so nurses do not have to work on their days off. "Ann's can-do attitude, compassion and commitment make her invaluable to Rush and the SICU," says Melissa Browning, DNP, APRN, clinical nurse specialist, SICU.



## TEAM OF THE QUARTER

**The IV Pump Implementation Team** provided organization, guidance and leadership for the implementation of approximately 1,200 large intravenous (IV) infusion pumps and 200 syringe pumps. These new pumps replaced 15-year-old technology, significantly enhancing patient safety. The project involved training 1,600 nurses, pharmacists and clinical engineering staff within four weeks. The implementation also included the creation of a drug library of more than 1,500 medications and creating a policy regarding the use of the infusion pumps. "The team exhibited a very high degree of accountability to ensure the project was delivered on time and on budget," says Paula Dillon, RN, MS, NEA-BC, acting vice president for clinical nursing and chief nursing officer.



(Seated, from left) Cindy Vargas, project manager, information services; Monica Cieslarski, manager, supply chain. (Standing, from left) Andrea Pekofske, director, value analysis; Travis Hunerdosse, PharmD, clinical specialist supervisor, pharmacy; Bruce Scariano, supervisor, clinical engineering; and Patricia Nedved, RN, director, professional nursing practice. Not pictured: Dennis Bonner, PharmD, pharmacy automation consultant, pharmacy; Becky Lenington, manager, supply chain.

## CAROL STEGE AWARD FOR ENVIRONMENTAL SERVICES

**Laserik "Zeke" Webster**, environmental specialist, never has hesitated to take on a challenging task since he began working at Rush in 1982. He repeatedly has put in long hours to ensure that the department has been able to meet the needs of the hospital. "Zeke is known by his coworkers to be a leader. He has concern not only for clinicians, visitors and the hospital staff, but he can also be found lending a helping hand and a compassionate ear to his Environmental Services staff members," says Linetta Taylor, assistant director, Environmental Services.



## CAROL STEGE MEMORIAL AWARD FOR MEDICAL CENTER ENGINEERING

**Brian Rodgers**, electronic technician, electronic shop, is responsible for the third shift. "It's a tough shift to work on, because you're on your own, trying to follow up on what's done on the first shift," says Mike Craig, director of Medical Center Engineering (MCE). Rodgers was hired from an outside vendor that worked directly with MCE. "He brought in additional customer service skills and knowledge that he has been able to use to help others," Craig says.



## RUSH VALUES AWARD

Right before Christmas, a Rush patient had her Christmas money stolen after she left the hospital. Upon learning about it, **Anne Delaney**, RN, general medicine, started a campaign on the unit to collect money for the patient and her family so they could buy Christmas presents for their grandsons. Delaney collected almost \$400 in a two-day period, and other members of the unit brought clothing and games for the boys. "I am very proud to be associated with such a caring group," says Nancy Perejda, clinical nurse coordinator, general medicine.



When Diane Howard, PhD, assistant professor in the Department of Health Systems Management, and Keith Boyd, MD, associate dean, Rush Medical College, decided to create a book of readings, **Nicholas Mancilla** and **Zachary Smith**, machine operators, Quick Copy Center, were able to print 300 copies of the 150-page book within two weeks. When additional students signed up for the course, Mancilla and Smith managed to print an additional 100 copies within five hours. "We can't begin to thank them enough for their cooperative spirits and delivering a quality product," Howard says.



(Left to right) Zachary Smith and Nicholas Mancilla

## RUSH VALUES TEAM AWARD

**The Day Rehabilitation Graduate Reunion Team** organized a reunion of 50 graduates from the Johnston R. Bowman Health Center's (JRB) day rehabilitation program. Most of the graduates were stroke survivors who were in acute care, and some were in intensive care. "This team brought the patient experience to a higher level," says Teri Sommerfeld, MHA, RN, administrator, JRB. "It was a celebration of the patients' continued success in recovery, and there was a lot of laughter and tears of joy at how far the graduates had come."



Left to right: (Front row) Rebecca Zerivitz, speech pathologist, speech pathology. (Middle row) Jay Behel, PhD, rehabilitation psychologist, psychology; Missy Dappen, senior occupational therapist, JRB occupational therapy; Karen Lukaszewski, day rehabilitation coordinator, JRB administration. (Back row) Carole Hall, JRB occupational therapy supervisor, occupational therapy; Te'Neka Brookins, administrative assistant, JRB patient therapy; Megan Chamberlain, occupational therapist, JRB occupational therapy; Gail Scally, JRB clinical documentation specialist. Not present: Chris Reger, MD, medical director, day rehabilitation program; Krysta Metz, physical therapist, physical therapy; Norma Torres, senior data coordinator, JRB administration; Nancy Schaffer-Lodding, RN, JRB residential director.

## PATIENT SATISFACTION "STAR"

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction "star" award. This quarter, five stars were honored: **Melanie De Lorenzo**, RN II, post ambulatory recovery unit; **Patricia Harris**, guest relations associate, hospital guest relations; **Jane Reich**, fellowship coordinator, Rush Center for Congenital and Structural Heart Disease; **Joanne Schupbach**, audiologist, Communications Disorders and Sciences; and **Emily White**, RN, Neonatal Intensive Care Unit. Their patient evaluations included the following comments:

- "Melanie had exemplary bedside manners. She is very kind and courteous."
- "Pat proactively arranged a wheelchair for me so that I could make it to my appointment."
- "Jane helped us with registration and directions as well as a call on our way here asking how we were doing."
- "I am very lucky Joanne is my audiologist. She has exceptional abilities."
- "Emily's gentleness was invaluable."



(Left to right) Jane Reich, Joanne Schupbach, Patricia Harris. Not pictured: Melanie De Lorenzo, RN, and Emily White, RN.

If you would like to nominate someone for an employee award, please call ext. 2-5916.



# People News

## Appointments

**Cynthia Barginere, RN, DNP(c)**, joined Rush in May as vice president for clinical nursing and chief nursing officer, Rush University Medical Center, and associate dean for practice, Rush University College of Nursing. Barginere previously had served since 2006 as chief nursing officer and chief operating officer at Baptist Medical Center South, a 454-bed acute care regional tertiary referral center and teaching hospital in Montgomery, Ala.

Rush has appointed **Daniel J. Deziel, MD**, as chairperson of the Department of General Surgery. Deziel has practiced at Rush almost continuously since he began his residency here in 1979. He is a professor and previously was acting chairperson in the department. Deziel is a member of Rush's Mark Lepper Society of Teachers and is past president of the prestigious Society of American Gastrointestinal and Endoscopic Surgeons and of the Chicago Surgical Society.

Rush Medical College has appointed **Mark H. Pollack, MD**, as chairperson of the Department of Psychiatry. Pollack brings a wealth of academic, clinical and administrative experience from his positions as professor of psychiatry at Harvard Medical School, director of the Center for Anxiety and Traumatic Stress Disorders at Massachusetts General Hospital (MGH) and chief medical officer of the Red Sox Foundation-MGH Home Base Program for Veterans. His primary clinical and research interests are in the areas of anxiety, mood and traumatic stress disorders.

**Robert Silverstein** has joined the Hospital Guest Relations Department as the new guest relations manager. His new role will combine the responsibilities of guest relations manager and process improvement specialist. Previously, Silverstein was a process improvement specialist within hospital operations, specifically patient support services.

## Kudos

**Jacques S. Abramowicz, MD**, received the William J. Fry Memorial Lecture Award on April 14 at the opening ceremony of the American Institute of Ultrasound Medicine (AIUM) Annual Convention in New York City. The award recognizes an AIUM member who has significantly contributed to the scientific progress of diagnostic medical ultrasound in his or her particular field. During the convention, Abramowicz also received the AIUM Presidential Recognition Award for outstanding contributions and service to the expanding future of ultrasound medicine on behalf of the AIUM. Abramowicz is Frances T. and Lester B. Knight Professor and director of ultrasound in the Rush Department of Obstetrics and Gynecology, and co-director of the Rush Fetal and Neonatal Medicine Center.

The Critical Care Society of Southern Africa (CCSSA) has asked **Thomas Bleck, MD**, professor of neurological sciences, neurosurgery, medicine and anesthesiology, and assistant dean, Rush Medical College, and **Ruth Kleinpell, PhD, RN**, professor, Rush University College of Nursing, and director of the Center for Clinical Research and Scholarship, to speak at the group's 2011 annual congress in Durban, South Africa, in late July. CCSSA is a not-for-profit organization for professional doctors and nurses in critical care medicine.

A recently-published book, *Secrets of Your Brain*, includes an article profiling the dream research of **Rosalind Cartwright, PhD**, professor emeritus in the neuroscience section of the graduate college. The article, called "What Dreams Are Made Of," notes that Cartwright "has studied dreams for most of her 88 years" and quotes her several times on her research regarding how dreams can help people overcome depression.

**Robyn Golden, LCSW**, director of Rush's older adult programs, recently presented at a congressional briefing in Washington, D.C., about health care reform. The event, "Implications of Health Care Reform for the Social Work Profession" was hosted by U.S. Congressman Edolphus Towns (N.Y.). Social work leaders from around the country discussed how health care reform will impact social work practice, research and policy.

**Michael S. Huckman, MD**, professor of radiology, director of neuroradiology, was made the 2010 honorary member of the European Society of Neuroradiology. The ceremony was held at the group's annual meeting in conjunction with the International Symposium Neuroradiologicum, in Bologna, Italy. Huckman is only the third American to have received this honor.

The American Academy of Orthopedic Surgeons (AAOS) recently named **Joshua Jacobs, MD**, William A. Hark, MD/Susanne G. Swift Professor and chairperson of the Department of Orthopedic Surgery, its second vice president at its 2011 annual meeting in San Diego. Founded in 1933, the AAOS is the pre-eminent professional organization for musculoskeletal education, research, quality and advocacy for the specialty of orthopedic surgery.

**Ruth Kleinpell, PhD, RN**, a professor in the Rush University College of Nursing and director of the Center for Clinical Research and Scholarship, recently was elected president of the World Federation of Critical Care Nurses, which comprises 39 national organizations from around the globe representing more than 400,000 critical care nurses.

The American Society on Aging selected **Grisel Rodriguez-Morales, LCSW**, as a member of its New Ventures in Leadership (NVL) program for 2011-2012. Rodriguez-Morales is coordinator of BRIGHTEN (Bridging Resources of a Geriatric Health

Team via Electronic Networking), an interdisciplinary program from Rush that uses a "virtual" team of professionals for the assessment and treatment of depression and anxiety in older adults. Now in its 19th year, NVL is a rigorous one-year leadership development program that supports participants in successfully completing a replicable special project related to older adult care and in advancing to higher leadership levels.

**Jonathan Rubenstein, MD**, professor and vice chairperson of the Department of Ophthalmology, was elected to a five-year term as a member of the board of trustees of the American Academy of Ophthalmology and as secretary of the academy's annual meeting. As secretary, he will run the 2011 meeting, which will be held in Orlando in late October and is expected to host about 28,000 attendees.

**Tom Wilson, MBA**, senior research administrator, assistant vice president, research affairs, edited the March/April issue of *NCURA Magazine*. NCURA is the National Council of University Research Administrators. Wilson also organized a NCURA symposium during the group's national meeting in San Diego, where **Diane Downs, MSN, RN**, presented on the coverage analysis process and **Mary Jane Welch, DNP, APRN, BC**, director, Human Subjects' Protection, presented on the Rush research portal processes.

**Rush University** recently received a silver award from Higher Education Marketing Report in its 26th annual educational advertising awards competition in the category of "recruitment package" for the University's viewbook and college inserts. The educational advertising awards is the largest educational advertising awards competition in the country. This year, more than 2,500 entries were received from more than 1,000 colleges, universities and secondary schools from around the country and several other countries. •



Cynthia Barginere, RN, DNP(c)



Jacques S. Abramowicz, MD



Michael S. Huckman, MD



Joshua Jacobs, MD



Jonathan Rubenstein, MD

## U.S. SENATOR MARK KIRK TOURS THE MEDICAL CENTER



U.S. Senator Mark Kirk and Robert DeCresce, MD

U.S. Sen. Mark Kirk (Ill.) visited Rush in late April, receiving a tour of the hospital and meeting with clinicians and employees. The initial purpose of Kirk's visit was to learn about the role of pathologists in medicine. The visit came about when Robert DeCresce, MD, chairperson, Department of Pathology, met Kirk at an event held at the home of Anthony Ivankovich, MD, chairperson, Department of Anesthesiology.

During his visit, Kirk toured the pathology department, and he and DeCresce discussed the importance of pathologists in health care. Kirk also met with Larry Goodman, MD, Rush CEO, and Peter Butler, Rush COO and president, to hear about Rush and the new hospital.

In addition, Kirk met with Dino P. Rumoro, DO, chairperson, Department of Emergency Medicine, to learn about the trauma training Rush is providing for the Illinois National Guard. Kirk's visit also included a visit to the Rush University Simulation Laboratory, which provides clinical training scenarios for Rush Medical College students. •



# News Briefs

## RUSH VOLUNTEERS MAKE A DIFFERENCE AT FITNESS FAIR

Rush held its seventh annual Spring into Health and Fitness Fair on April 16 at Casa Central in the Humboldt Park neighborhood a few miles northwest of the Medical Center. Casa Central is the largest social service agency in the Latino community. The event provided approximately 300 underserved Chicagoans with free health screenings, physical exams, school physicals, nutrition counseling services, immunizations and rapid HIV testing/counseling.

Approximately 75 Rush students from a wide range of disciplines participated in the health fair, including students in medicine, nursing, occupational therapy, audiology, health systems management and clinical laboratory sciences. They worked under the supervision of Rush attending physicians, nurse practitioners, and professional nursing staff and faculty.

Rush University’s student-run volunteer organization, RU Caring, and the Medical Center sponsored the event to provide better access to health care for underserved communities from across the city of Chicago. •



Rush Medical College student Kelly Wepking listens to a visitor at the health fair.

## POWERFUL TOOLS FOR CAREGIVERS

Are you caring for an older adult? The workshop “Powerful Tools for Caregivers” can help. Rush Older Adult Programs is pleased to offer this six-week workshop to family and friends caring for older adults with long-term medical conditions. Each weekly class provides family caregivers with the skills and confidence to better care for themselves while caring for a spouse, partner, family member or friend.

Participating caregivers report they are better at caring for themselves; have fewer feelings of anger, guilt and depression; have increased confidence and ability to cope with the demands of caregiving; and take more advantage of community services.

Workshops are held in the Johnston R. Bowman Health Center from 6 to 7:30 p.m. The next set of workshops takes place Sept. 8 – Oct. 13. Class registration fees include all materials and a light meal starting at 5:30 p.m. Costs are as follows: Rush Generations members pay \$30 (parking validated), and nonmembers pay \$50 (parking not validated).

For more information or to enroll, please call (800) 757-0202 or email [rush\\_generations@rush.edu](mailto:rush_generations@rush.edu). •

## RUSH COMMUNITY BENEFITS REPORT IS NOW ONLINE

In fiscal year 2010, Rush provided \$200.7 million in community benefits, including charity care and other unreimbursed medical services and support for education and research. You can learn more about the ways that Rush benefits our community by reading the 2010 Community Benefits Report, which is online at [www.rush.edu/cbr2011](http://www.rush.edu/cbr2011).



## Traditional Medicine Emphasizes Role Of Diet In Health

*At Rush, keeping people healthy includes helping Rush staff, employees, students and volunteers lead healthy lifestyles. As part of that effort, Cassie Vanderwall, MS, RD, LDN, a registered dietitian at Rush and a certified personal trainer, offers tips on healthy eating and activity in each issue of NewsRounds.*

We all know we should eat right in order to stay healthy, but nutrition is even more central to health in Eastern cultures that practice Ayurveda, a form of traditional medicine that originated in India.

Ayurvedic nutrition therapy seeks to influence an individual’s natural balance. This tradition believes that imbalance can promote the formation of toxins, or *ama*, including such problems as irritable bowel, poor appetite, headaches, obesity, fatigue, food allergies and poor immunity to disease. Ayurveda promotes balance by attempting to rid the body of such toxins.

Ayurveda classifies a person as having a metabolism characterized by a unique combination of *doshas*, or elements, by asking an individual several questions about their personality. According to Ayurveda, the three *doshas* (*Vata*, *Pitta* and *Kapha*) are products of the five elements that constitute the universe – water, fire, air, space and earth.

An individual can consist of one *dosha*, or a mix of various *doshas*.

The basis of Ayurvedic nutrition therapy is to consume a variety of whole foods that are adapted to an individual’s *dosha(s)* in order to promote energy, good health and a long life. The dominating *dosha* will dictate an individual’s dietary plan.

For example, a person who is primarily *Pitta*, composed of fire and water, would be instructed to choose foods that balance the liquid (dry foods) and fiery (cool foods) nature of this *dosha*. Dry foods may include whole grains such as 100 percent whole wheat flour, cereal, rice cakes and oats. Foods that are thought to cool the body are milk, yogurt, coconut, ripe mangoes, almonds and dates. It is also recommended that these people avoid salty and sour tastes and choose sweet and bitter flavors. These flavors include spices such as cardamom, cinnamon, coriander, cumin, fennel and turmeric.

According to the World Health Organization, one-fifth of the world’s populations practice Ayurvedic traditions. Although we don’t offer Ayurvedic therapy at Rush, we provide similar alternative and complementary medicines to promote health and well-being.

At Rush’s Nutrition and Wellness Center, registered dietitians and certified personal trainers assess a person’s physical, social and emotional health and make recommendations in order to promote a healthier, well-balanced lifestyle. The dietary recommendations may differ from Ayurveda, since Rush clinicians provide evidence-based education to their patients and clients. However, the goal is the same: to provide customized dietary recommendations that will lead to better health.

*If you have questions about complementary or alternative nutrition or physical fitness, or if you’d like to speak with a registered dietitian or personal trainer, please call (312) 942-5926. •*

## WALKATHON WILL RAISE MONEY FOR LADS

The Laurance Armour Day School (LADS) will host its fourth annual walkathon on Friday, June 24. The walkathon’s goal is to build awareness around the importance of physical activity for children and to raise more than \$6,000 to be applied toward school activities and health and wellness programs at the school. LADS is a child care facility

and preschool for infants and young children that is supported and operated by Rush. The school is located at 2150 W. Harrison St.

You can support LADS with a donation for the walkathon. Pledges can be based on the number of laps each age group will likely walk or can be a flat donation. Cash or checks will be accepted

(checks should be made out to the LADS Parent Board). Contact Kate O’Shaughnessy at ext. 2-4009 for more information or to support the walkathon.

*LADS parents thank you in advance for your generosity and support. For more information about LADS, please visit HR Source at <http://hrsourceatrush.com>. •*

## MATCH DAY SETS FUTURE COURSE FOR RUSH MEDICAL STUDENTS

Rush Medical College students will help determine the future course of medicine, and each year, Match Day determines the course of our graduating students’ own futures. On Match Day, which this year took place on March 17, fourth-year medical students at Rush and throughout the country receive their assignments to the residency programs where they will train in their medical specialty.

Continuing a Match Day tradition, students gathered for brunch at the Robert W. Sessions House on the Rush campus. Huddling with their advisers and in many cases joined by family members, they waited with nervous excitement for the hour to reach 11:00, when they were allowed to open the letters containing their residency assignments.

This year, 121 students were matched with residency programs in 20 specialties at 73 institutions. These assignments were determined by the National Residency Matching Program, which matches fourth-

year students at medical schools throughout the United States with residency programs, based on the students’ and programs’ rankings of their preferred selections.

Rush will remain home for 19 students who will do their residencies at the Medical Center, while other students will train in residency programs at such prestigious institutions as the Dartmouth-Hitchcock Medical Center, Johns Hopkins Hospital, Stanford University and the University of Chicago Medical Center. General medicine was the most popular specialty, with 23 Rush students being placed in medicine residency programs, followed by emergency medicine (18 placements), family medicine (13), and general surgery and pediatrics (10 each).

“I congratulate our students on their residency appointments,” says Thomas Deutsch, MD, dean of Rush Medical College and provost of Rush University. “They



Donna Sadowski exults after receiving her residency assignment on Match Day as fellow student Shani Reich looks on.

reflect the students’ commitment and effort, which has prepared them to be outstanding doctors. On behalf of the entire Rush community, I wish them and their future patients well as they begin their careers as physicians.”

Most of the residencies will begin after the June 11 commencement ceremony, which will be held at the UIC Pavilion. Students in the College of Health Sciences at Rush University, the Graduate College of Rush University, Rush Medical College and the Rush University College of Nursing will receive their degrees during the ceremony. •



# NEWSrounds

## GAIL L. WARDEN EMPLOYEE OF THE YEAR AWARD

### Christine Poe-Vasquez Praised for Compassion and More

When the Department of Radiology began distributing comment cards to patients more than a year ago, the department received more than 50 patient comments praising Christine Poe-Vasquez, a radiological technologist, for her compassion, kindness and professionalism.

“Christine exemplifies the I CARE values,” says Poe-Vasquez’s supervisor, Bryan Latham, radiology manager, general radiology, who nominated her for this honor. “She motivates and inspires everyone she comes in contact with.”

Poe-Vasquez is responsible for performing diagnostic X-rays and bone density scans, but for her, the job involves much more than performing tests for patients. It’s also about focus-

ing on patients to understand and respond to their needs.

“When I approach patients, I observe their body language and ask how they’re feeling,” she says. “If they’re in a hurry for another appointment, I try to expedite the test. If they’re nervous, I try to slow down and explain every step of the process. I also keep the family members informed and involved.”

Her passion for making patients comfortable has motivated Poe-Vasquez to find ways to improve the patient experience. She persuaded the department to install a courtesy desk in its waiting room after observing patients juggling a courtesy phone mounted on the wall while trying to write notes. “I wanted it to be more comfortable and convenient for them,” she says. The courtesy desk includes a

phone, pens, paper and the numbers of doctors’ offices throughout the Medical Center. Once the desk was implemented, patients began using it immediately.

Her dedication to work and patient care extends beyond her job to the overall well-being of her department, colleagues and the Medical Center as a whole. Since 2010, Poe-Vasquez has served as the radiology department’s cultural diversity leader. In this position, she informs all areas of radiology about diversity issues and keeps everyone apprised of upcoming diversity-related events. Poe-Vasquez created bulletin boards for the department so that everyone is aware of diversity initiatives within the Medical Center.

“I agreed to be a cultural diversity leader because it was an opportunity for me to learn about different cultures and to share what I learned with others,” she



Christine Poe-Vasquez

says. “It’s been a lot of fun. I didn’t know Rush provided diversity-related services like prayer rugs for Muslim patients.”

Poe-Vasquez feels a personal connection with her patients that motivates her to make

them at ease and improve their experience. “I love our patients. I love hearing their different stories,” she says. “It keeps me trying to improve what I do every day and find ways to make it better for them.”

## WAYNE M. LERNER MANAGER OF THE YEAR AWARD

### Supportive Style Comes Naturally for Kittridge

The first to arrive and the last to leave in the Department of Behavioral Sciences, Catherine Kittridge exemplifies dedication.

As the department’s administrative manager, she supports all of behavioral science’s clinicians and researchers in any way she can, from

overseeing the budget to managing grant applications and payroll. In going about these tasks, Kittridge holds herself to an exacting standard: the work has to be completed down to the last detail, with no loose ends.

Her approach to work has earned Kittridge praise from staff and colleagues alike. Among her greatest admirers is Stevan Hobfoll, MD, professor and chairperson, behavioral sciences, who witnesses her tenacious work ethic on a daily basis and nominated Kittridge for this honor. “Our department has an active patient load, we conduct research on site, and we train residents and fellows in psychology,” Hobfoll observes. “Typically, the administrative work involved in supporting all these activities would be performed by several people, but Cathy just does the work that needs to be done.”

Kittridge exudes enthusiasm in every aspect of her job. A recent example is the department’s move from the Rawson Building to the Westgate Building. According to Hobfoll, she left no stone unturned. “Cathy was on top of every aspect of the move, from phones to financials,” he recalls. “She packed and unpacked boxes, worked closely with carpenters and the information services team and left her office for last so she could help others get their offices in order.”

Serving as the point person in charge of this 30-person move, Kittridge oversaw everything from picking out the furniture and paint to coordinating with information services and the movers and arranging for older records to be stored off-site. Collaboration played a key role in these efforts. “I

reached out to people,” she says. “Everyone pitched in.”

Kittridge has worked at Rush for 17 years and says her efforts are inspired by the Medical Center’s caring and supportive environment. “I like the people and the patients I work with. I love interacting with other departments,” she explains. “Everyone is so helpful. If you don’t know something, someone is always willing to help you or direct you to the right person. It’s easy to reach out to people here.”

“Cathy is simply the embodiment of the Rush spirit of caring and dedication,” Hobfoll says. “She does it for the patients. She does it for her colleagues. She is proud to be part of the Rush family because she knows all that Rush does for its patients and the community.”



Catherine Kittridge with Peter Butler, President and Chief Operating Officer



Know a Rush employee who deserves recognition? To nominate someone for an employee award, please call ext. 2-5917.

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## NEWSrounds

July 2011

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## PATIENT SATISFACTION “STAR” A Source of Comfort in a Difficult Time

When a patient begins to recover from surgery, emotions and anxiety can run high. Coming out of anesthesia may be difficult and disorienting, and inevitably, some patients will experience discomfort or pain after undergoing a surgical procedure.

Sarah Horvath, RN, BSN, staff nurse in the ambulatory surgery unit (ASU) and the post-anesthesia care unit (PACU), does all she can to help ease patients’ symptoms and anxieties when they are in recovery. “I try to make things a little better for them, a little more comfortable. As much as possible, I try to help them by decreasing their pain and reducing their fear by keeping them as informed as possible,” Horvath says.

In recognition of her dedication to providing the best possible care and enhancing the patient experience, Horvath was chosen to receive this year’s “Star of the Year” Award. This award is unique compared to other

awards that are given at Rush, because recipients aren’t nominated by a Medical Center colleague. Instead, the award is given to one of the Rush employees whom patients mention by name in the comments of the Medical Center’s patient satisfaction surveys. Approximately 20 members of the Rush community receive a Patient Satisfaction Star Award each year, and one is chosen annually as the “Star of the Year.”

One particular patient who took notice of Horvath’s compassion wrote, “My nurse in the secondary recovery, Sarah Horvath, was amazing. I was ill, and she was taking care of me with genuine care. She also walked to one of the entrances to get my husband because it was after hours. She then wheeled me (with my husband) from the fifth floor atrium to the parking garage so that we would not get lost.”

Horvath has worked in several clinical areas over the four years she’s been at Rush, but she feels she’s had the biggest

impact on patients in the ASU and PACU. These units receive patients of all ages recovering from anesthesia following procedures performed anywhere from the endoscopy lab to the operating room.

Horvath says that helping patients through their first hours of post-surgical recovery is a collaborative effort. “These are units where there’s a great deal of teamwork,” she observes. “We all work together to make each patient feel more comfortable, feel better,” says Horvath.

That kind of teamwork is particularly important, because the ASU and PACU work with a widely varying number and type of patients each day, rather than caring for an assigned number of patients with a specific type of condition. Even while juggling these multiple competing demands on her time, Horvath provides patients and their families with her undivided attention and a steadying presence.

“In addition to having excellent clinical skills, Sarah brings a strong service focus in all that she does,” says Kimberly Humbarger, RN, BSN, unit director, ambulatory surgery/post anesthesia recovery. “She is always calm and friendly in her interactions, which puts the patients at ease. She is thorough in her delivery of care and during the review of discharge instructions always tries to ensure that patients and their families are well-prepared for the care required at home.”

Horvath is modest about her efforts, saying that she just is providing the kind of care that’s required by the responsibility entrusted to her and the ASU and PACU. “The opportunity to provide compassionate care for a patient during one of the toughest days of their lives is not to be taken lightly,” she reflects. “I only hope that we are able to make a calming and caring difference for each individual patient that enters our unit.”



(Left to right) Judith Ranallo, RN, BSN, David Ansell, MD, MPH, and Sarah Horvath, RN, BSN

## BRADLEY G. HINRICHS TEAM OF THE YEAR AWARD Team Helps Patients Heal in Mind, Body and Spirit

A patient’s fight against cancer is a deeply personal and demanding struggle that requires a multifaceted approach and support system for the best chance of a successful outcome. To meet this need, Rush’s Cancer Integrative Medicine Program (CIMP) provides patients with complementary and integrative therapies that address the physical, emotional and spiritual impact of cancer and its treatment.

Combining compassion and professionalism, the program’s members collaborate to provide patients with a holistic approach to healing, with treatments ranging from acupuncture, biofeedback and massage therapy to nutritional counseling, yoga and medical hypnosis.

This shared approach to helping cancer patients garnered the program’s staff

this year’s team of the year award during the May 24 Founders Day luncheon.

The program works with patients during all stages of cancer care, from diagnosis to treatment and beyond. Any patient receiving cancer treatment at Rush can participate in the program, as can the patient’s family members. Some of the benefits of the program include reduction in stress, anxiety and pain; increase in energy; decrease in nausea; and easing of muscle tension.

“From the program’s inception, the team’s main goals have been to work in close collaboration with each patient, the patient’s health care team and one another, all to help patients heal,” says Erin Schneider, LCSW, social worker and patient navigator with the American Cancer Society at Rush, who refers many patients to the program. Schneider nominated the CIMP members for this honor. “I have witnessed the level of care and compassion this team provides for Rush cancer patients,” she says.

Patient feedback attests to the team’s commitment to patient care, as does the growing support from referring physicians and other clinicians at Rush. Patients have made the following comments about the program:

- “I am deeply impressed with the CIMP and look forward to its continued growth and expansion. As an RN at Rush, I recommended this service to patients. I didn’t anticipate that I would need these services myself. I look forward to sharing my many positive experiences with others.”
- “The services and knowledge of the staff is excellent!”
- “I am grateful to have such an amazing integrative treatment available.”

Team leader Janine Gauthier, PhD, director, clinical psychologist, describes the team as a group of providers with expertise in different specialties, each



# JAMES A. CAMPBELL, MD, DISTINGUISHED SERVICE AWARD

## Halstead Brings People Together

In the most basic sense, Lois Halstead, PhD, RN, brings people together to get things done. There's nothing basic, though, about the projects Halstead has led during the past five years as Rush University's vice provost and vice president for university affairs.

In that time, Halstead has guided the University's successful effort to have its accreditation renewed and the selection and implementation of two major information technology systems, along with managing countless other aspects of the University's day-to-day operations. Whatever the task, Halstead maintains an emphasis on collaboration and teamwork.

"She has been at Rush for more than 25 years, and in that time she has developed a reputation as someone who gets things done in a way that makes people feel very good about what the process was and what the outcome was," says Thomas Deutsch, MD, dean of Rush Medical College and Rush University provost.

In recognition of her collaborative leadership and the many contributions to Rush that have resulted from it, Halstead received this year's James A.

Campbell, MD, Distinguished Service Award. Named for the first president and CEO of Rush-Presbyterian-St. Luke's Medical Center, (which changed its name to Rush University Medical Center in 2003), the award recognizes Rush employees for excellence in leadership and dedicated service.

Halstead was drawn to nursing as a young child growing up in Chicago's Logan Square neighborhood. "From my earliest days, I wanted to be a nurse," she remembers.

The first person in her family to attend college, Halstead earned her BSN, MSN and PhD, in nursing sciences, from the University of Illinois at Chicago (UIC) and held teaching positions at UIC and several other Chicago area nursing schools. "I loved working with students, especially young students, and being able to make a difference in how they look at nursing," she says.

Halstead came to Rush in 1984 as an assistant professor in the Rush University College of Nursing, becoming an associate professor in 1993. She also worked as a counselor in the Section of Reproductive Endocrinology's infertility program.

She was assistant dean of nursing from 1994 to 2005, during which

time she was instrumental in the college's development of its doctor of nursing practice and doctor of nursing science online programs. In 2006, Halstead became Rush University's first vice provost, a role that's akin to being the University's chief operating officer.

Halstead's work as vice provost has coincided with a time of rapid growth in the University, which has seen enrollment increase by 30 percent in the last six years. With it has come the need for improved and expanded support services.

Halstead facilitated the process to choose and implement the University's student information system, which is used for such functions as online class registration, bill payment, faculty advising and financial aid distribution. She also oversaw the choice and implementation of an electronic learning system used for online courses, electronic access of classroom materials, faculty-student communications and other educational activities.

Halstead also was responsible for overseeing the successful 18-month effort to obtain renewal of the University's accreditation (official endorsement of the satisfactory quality of an educational institution or program) from the Higher Learning Commission of the North Central Association of Colleges and



Lois Halstead, PhD, RN

Schools. She assembled a team to conduct a self-analysis of the University and its programs — the results of which the team reported to the commission in support of the re-accreditation — and to prepare for and host the accreditation team's site visit to the University.

"Being successful in obtaining a university accreditation is a big-time activity, and Lois put together the right elements of that team, the right leadership

of that team, so that we accomplished all the goals that were set out in the accreditation process," Deutsch says.

True to her emphasis on teamwork, Halstead shares credit for her accomplishment with her colleagues. "When you're at a place like Rush, there are leaders everywhere, and nothing is ever the result of one person," she observes. "What I do is help to get people who are really smart to talk to each other and work together."

bringing a unique perspective to patient care. "We work collaboratively as a team since many times patients will receive care from several providers within the program," she explains. "Thus, we want to make sure we're all working to provide the highest level of patient care and engaging in treatments that are in the patient's best interest."

This level of collaboration extends across the Medical Center with other departments. "We've begun working with the Division of Hematology and Oncology and the palliative care service to establish an emotional distress screening tool for patients who are seen within the cancer center to assure we are caring for the whole person and

meeting their psychosocial health needs," Gauthier explains.

In addition to Gauthier, the team includes: Caryn Blanton, administrative assistant; Allison Grupski, PhD, postdoctoral fellow; Andrea Canada, PhD, clinical psychologist; Kurrie Wells, PhD, psychologist; Aisha Kazi, PhD, clinical psychologist; Angela Johnson,

Dipl OM, MSTOM; Cheryl A. Sullivan, MS, RD, clinical dietician; and Sally Kupczyk, RN.

"They truly exemplify Rush's core values of excellence and collaboration," Schneider says. "They are a unique group of professionals who by working together, and with Rush University Cancer Center, help our cancer patients heal in mind, body and spirit."



(Standing from left) Janine Gauthier, PhD; Sally Kupczyk, RN; Bradley Hinrichs; J. Robert Clapp, Jr., MHSA, FACHE; Caryn Blanton; and Angela Johnson, Dipl OM, MSTOM (Seated from left) Aisha Kazi, PhD; Andrea Canada, PhD; Kurrie Wells, PhD; Allison Grupski, PhD; and Cheryl A. Sullivan, MS, RD.



Alice B. Sachs Memorial Award

Concern for Patients at Heart of Compassionate Care

Compassion is at the core of the care employees at Rush provide for each and every patient. Sometimes that compassion takes the form of an extraordinary effort on a patient’s behalf. More often it takes the form of everyday kindness and a dedication to providing patients with the best possible service.

Each year, the Alice B. Sachs award recognizes one or more Rush employees for acts of kindness to Rush patients and their families. John Sachs, DDS, a member of the Rush Board of Trustees, and his wife Lois established the award in 1982 in memory of his mother, a former Rush patient.

The recipients of this year’s Alice B. Sachs award are Nate Soriano, RN, surgical intensive care unit (SICU), and Beverly Story, dietary technician, food and nutrition services. Each provides a shining example of the ways compassion can guide the care of our patients.

FRIEND IN NEED

On his first night working at Rush, in June of 2008, Nate Soriano befriended a patient named Scott. In his early 30s at the time, Scott suffered from a rare form of Ehlers-Danlos syndrome (EDS), a group of hereditary disorders caused by genetic mutation that lead to problems with collagen, the material that gives strength and structure to bones, blood vessels and organs. Scott had vascular EDS, which put him at great risk for sudden death from the rupture of a major organ or blood vessel.

“We just kind of clicked. It was one of those unexplainable connections you have with someone, where as soon as you meet them and talk with them and their family, it’s like you’ve known them forever,” Soriano says.

Scott’s condition had him in and out of the SICU for

years, and Soriano cared for him during each of his stays. About a year after Soriano first met Scott, he was in Scott’s room when a large artery in Scott’s thigh burst. Soriano immediately applied pressure onto the artery, saving Scott from bleeding to death before physicians could take him to the operating room.

Scott survived, and Soriano continued to care for him when he was in the SICU, combining dedication, knowledge and a sense of humor. “Nate, we love you like family,” Scott’s wife wrote on her blog. “You have gone from a scared rookie to one of the most decisive, caring, intelligent, compassionate, funny nurses we’ve ever had. We’re so glad you’re there.”

Eventually, Scott was transferred to the Johnston R.

Bowman Health Center, Rush’s rehabilitation facility. Soriano visited him there, and after Scott was discharged Soriano would meet with him when he came to Rush for physician appointments. Soriano and his fiancée also would have dinner with Scott and his wife.

Unfortunately, this past March Scott succumbed to his illness, but Soriano’s kindness and care were a great comfort to him and his wife throughout his struggle. “The worst days, Nate has been there, supporting me and literally saving Scott’s life. There is nobody else like Nate,” Scott’s wife wrote.

Ann Lough, RN, assistant unit director, SICU, says the way Soriano treated Scott reflects his overall approach to patient care. “He’s very sensitive to patients and families, the hard times that they’re going through when they’re in the SICU,” Lough observes.



Nate Soriano, RN

Although he can’t personally befriend all his patients, Soriano says he tries to treat them with the same kind, attentive approach that he took with Scott. “I try to be positive, to make patients more comfortable, to create a sense of normalcy in a very abnormal situation,” he says.

He’s motivated by the knowledge of the difference he’s making for patients like Scott. “He was so appreciative of everything we did,” Soriano remembers. “When you have patients like him, it keeps you going, because you know you’re affecting his life. It makes the job worth it.”

COMFORT FOODIE

Patient satisfaction is Beverly Story’s foremost goal, and she gives her patients whatever time and special attention they need to make sure they are getting proper nutrition and are happy with their meal service. Clearly, they appreciate the attention. Food and nutrition services has received written comments from patients such as “Beverly is wonderful,” and “Thank you for taking the time to listen.”

Story came to Rush in 1990 as a food service assistant, and her strong customer service focus has earned her two promotions since then. As a diet technician currently assigned to the Johnston R. Bowman (JRB) Health Center, she meets with patients to explain

the menu and their food substitution options and finds out about their food preferences and allergies. Many of these patients have been in JRB for extended stays, so at meal times Story will visit them to make sure they are happy with their meals. If the patients are not satisfied with the menu selections or are tired of them, she will come up with alternative food options that will fit their diet. She also will encourage them to eat and alert the staff dietitians if patients are having any difficulties with eating.

Story repeatedly makes special efforts on patients’ behalf, helping them make their meal choices or personally getting a new food tray if it’s needed. On many occasions, Story’s encouragement, cheerfulness and innovation

have persuaded patients to eat after they had initially turned down meals.

“Beverly makes every patient feel special,” says Diane Sowa, MBA, RD, LDN, assistant director of clinical nutrition, who notes that JRB patients can be especially sensitive to food issues. “She gives them as much time as they need to resolve the issue they might have, and she’s very good about following through and making sure the staff and the patient’s needs are met.”

Story also routinely helps her fellow diet technicians on days when they are busy with many new admissions or if they’re having a bad day. If she has bad days herself, she doesn’t let it show. “She’s always extremely positive and very grateful for everything anyone does for her,” Sowa says.



Beverly Story

Story says her approach to her work is due to her experiences with her teenage son, who has autism. “I learned patience, I learned to care, and I learned to put others before myself,” she explains. “Seeing my son happy made me happy, so I turned it around and decided that I’m going to treat my

patients and co-workers just like I treat my son. “What thrills me the most is when I would take care of a patient who wasn’t feeling well, and they would say ‘you came in and smiled and it made my day,’” she continues. “That thrilled me. I’d say, ‘if I made you smile, you made me smile.’”



# HENRY P. RUSSE, MD, HUMANITARIAN AWARD

## Community Health Champion

Susan Swider, PhD, says it was “the thrill of a lifetime” when she learned that President Barack Obama had appointed her to his Advisory Group on Prevention, Health Promotion and Integrative and Public Health. “When you get a call saying ‘This is the White House on the phone,’ it’s exciting,” says Swider, professor in the Department of Community, Systems and Mental Health Nursing in the Rush University College of Nursing.

The appointment recognizes Swider’s achievements and impact in her more than 20 years of working in community and public health. Rush also recognized Swider for her accomplishments by choosing her to receive this year’s Henry P. Russe, MD, Humanitarian Award.

The award honors the memory and humanitarian efforts of its namesake — the dean of Rush Medical College and vice president of medical affairs from 1981 to his death in 1991 — and is given to members of the Rush staff who demonstrate an ongoing commitment to the well-being of others in their work.

“She is a great example of someone who has the kind of passion for the community that Dr. Russe promoted,” says the Rev. Clayton Thomason, JD, MDiv, Bishop Anderson Professor of Religion and Ethics in Medicine and chairperson, Department of Religion, Health and Human Values, who is a member of the Russe award selection committee. “Her work on program development and community health workers in urban communities is

particularly important for addressing the kind of radical health disparities that we see in our communities around Rush.”

As part of Obama’s advisory group, Swider will work with 24 other health care leaders to make recommendations about the development and implementation of a national strategy for addressing underlying factors, such as environment and lifestyle, that contribute to many diseases.

Swider has more than 20 years of experience as a researcher focusing on the development and evaluation of programs using community health workers and on engaging urban communities in health promotion. Her leadership in these areas includes both her work as the specialty coordinator of the Rush University College of Nursing’s advanced public health nursing program and her current position as president of the Association of Community Health Nursing Educators.

Swider’s desire to help people is what drew her to nursing when she was growing up in a western suburb of Chicago. She earned a Bachelor of Science in nursing from DePaul University and began her career as a staff nurse on a cardiac step down unit. She moved from there to practice as a home health nurse in Chicago.

After returning to UIC to earn a master’s degree in public health nursing and a doctorate in nursing science, Swider taught at UIC and St. Xavier University School of Nursing. While at UIC, she directed a project to train community health workers who lived in the Robert Taylor Homes public housing project and Chicago’s Northwest Side to work with their neighbors to identify and



Susan Swider, PhD, (left) accepts the Russe award from Lois Halstead, PhD, RN.

address community conditions that affected their health.

“Every place I’ve been since then, there’s always been a community health worker component,” says Swider, who joined Rush in 1999. “If you’re going to change things on a community level or reach people, the most effective messenger is a community health worker, someone who is trusted by community members and looks and talks like them.”

Swider’s projects have included training women in Botswana, Africa, to provide peer-to-peer HIV/AIDS education; training Mexican American health workers to provide health education to members of their community with diabetes; and educating Puerto Rican families about how to manage asthma in children.

Her commitment to community health also includes 18 years of service on the board of directors, including two years as president of Erie Family Health Center, which provides medical, behavioral and dental services for approximately 33,000 uninsured and underinsured Chicagoans each year.

“Sue is and has been tireless in her work to eliminate health disparities,” says Lois Halstead, PhD, RN, Rush University’s vice provost and vice president for university affairs. “When you know and work with her, you learn about the needs of vulnerable populations. You learn what it means to really work with a community. If you spend any time with Sue, you can’t help but become a better person. And, because she has chosen to be here, Rush is a better place.”

# EmployeeAnniversaries

Each year, Founders Day honors the people who first established Rush University Medical Center as Rush Medical College in 1837 as well as the people who make Rush one of the leading academic medical centers in the city and across the country. The following pages list Rush employees who are marking milestone anniversaries at the Medical Center this year. Rush thanks each of you, and all our staff, for your commitment to the Medical Center and to providing the best possible care for our patients. Each of you plays an important part in Rush’s proud history and its exciting future. Congratulations to all of you.

## Thank YOU

Thanks to all of those who helped coordinate this year’s Founders Day event:

- |                   |                    |
|-------------------|--------------------|
| Laura Bautista    | Lilliana Lozano    |
| Charity Blackburn | Sheri Marker       |
| Bernice Cheatem   | Linda Meeks        |
| Patrick Dixon     | Walter Mroz        |
| Adam Godfrey      | Kate O’Shaughnessy |
| Peter Gosche      | Priya Patel        |
| Jane Grady        | Lisa Schuller      |
| Carla Kennedy     | Lisa Yang          |

### 5 YEARS

- Elizabeth Aaronson  
Lisa Abar  
Michael Abern  
Juan Acevedo  
Jehan-Marie Adamji  
Elizabeth Aguilar  
James Aguire  
Junaid Ahmed  
Karen Aicher  
Adelaide Allen  
Damaria Anderson  
Sobia Ansari  
Regan Anstine  
Philomina Antony  
Carlos Arevalo  
Latoya Artis  
Delores Austin  
Jessica Avila  
Cheryl Bacon  
Mary Bacon  
Valencia Bailey  
Roumen Balabanov  
Terri Banez  
Edward Barker  
Kimberly Barounis  
Hugh Barrows  
Julia Bassett  
Gerard Baum  
Linda Baum  
Hugo Bautista  
Luis Bautista

- George Behrens  
Sarah Bennett  
Cindy Beren  
Gisela Bermejo  
Kathleen Bezdek  
Rohini Bhat  
Joshua Blackwell  
Brittany Blakey  
Michael Bohnenstiehl  
Joynaya Bolling  
Stefano Bordoli  
Paul Boughamer  
Georgia Bozeday  
Brian Braaksma  
Amber Bradford  
Dolores Brennan  
Alex Bridges  
Dana Bright  
Tori Brixius  
Teneka Brookins  
Vilenscia Brooks  
Hattie Brown  
Latonya Brown  
Melissa Brown  
Tammy Brown  
Melissa Browning  
Sherri Bryant  
Meghan Businaro  
Amy Call  
Denise Campbell  
Joanne Cannone  
Vanessa Cano

- Allison Cascarano  
Cynthia Castronovo  
David Chabot  
Urmila Chaudhry  
Carlos Cheon  
Eunice Choi  
Kent W. Christopherson  
Jonnie Ciezak  
William Clair  
Joyce Clifton  
Wakita Coleman  
Kyle Cologne  
Lionell Conner  
Edward Conway  
Raquel Coriano  
Suzanne Cortez  
Philippe Couloute  
Christine D’Amato  
Nikita Daniel  
Jodl David  
Tia Davis  
Valerie Deanda  
Marguerite Degenhardt  
Katherine DeHaven  
Yurlene DeLaCruz  
Fidel Deleon Jr.  
Jesus Delgado  
Paul Demayo  
Wendell Dequilla  
Kristina DeRolf

Continued on page 6



# Employee Anniversaries

Continued from page 5

Harel Deutsch  
Dana Deyampert  
Lisette Dionisio  
Elia Disavino  
Angela Dixon  
Lucy Dlugosz  
Barbara Doherty  
Lisa Dolato  
Icela Donahue  
Caroline Donovan  
Teri Dougherty  
Jennifer Drackley  
Melanie Dreher  
Ozlem Dubauskas  
Lisa Dykstra  
Mark Dy-Liacco  
Latisha Edwards  
Jill Ehrendreich  
Josh Ellis  
Abigail Elpers  
Candace Enockson  
James Ewa  
Yvette Ezell  
Pamela Fairchild  
Amir-Kianoosh Fallahi  
Erin Farlow  
Jennifer Feldman  
Christina Ferrari-Noonan  
Pamela Jean Flanagan  
Robyn Flanders  
Jennifer Fleming  
Gekia Floyd  
Georgian Folino  
Susan Fox  
Brandon Francis  
Nina Franco  
Joann French  
Taffiney Furcron  
Beth Gabryszak  
Rebekah Gaffin  
Heather Gannon-Stringer  
Jennifer Garcia  
Mary Garcia  
Latonya Gardner  
Jennifer Garson  
Lupe Garza  
Meron Geda  
Alice Geis  
Stephanie Genuardi  
Brenda Giacalone  
Christina Giannoulis  
Ashley Gibson  
Julie Gidaspow  
Benjamin Gielda  
Catherine Glase  
Lauren Goebel  
Yvonne Gomez  
Rajendra Goswami  
Kate-Louise Gottfried  
Carmel Goudzwaard  
Julia Gowin  
Deborah Green  
Darilyn Greenhow  
Mary Gregoire  
Terry Griffin  
Bethann Groot  
Kydie Grosshuesch  
Sophia Guardiola  
Amanda Gubricky  
Brande Guilmette  
Mary Gustafson  
Donald Guy  
Indira Hadley  
Latina Hardy  
Bethany Harris  
Jaclyn Harris  
Dean Hartley  
Maria Hategan  
Sylvia Haythorne  
Luz Elena Hernandez  
Julie Hoffmann  
Melanie Holman  
Sarah Holstein



Ai-Xuan Holterman  
Mark Holterman  
Rose Howard  
Maria Hoy  
Heather Huang  
Patricia Huerta  
Sandra Hughes  
Nina Sivanawin Huynh  
Heather Hwang  
Josune Iglesias  
Eva Indreika  
Ivelina Ivanova  
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Lisa Jackson  
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Margo James  
Arundhati Jana  
Malabendu Jana  
Violetta Janeczek  
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Jacqueline Jaworowicz  
Sharon Jedel  
Frederick Jefferson  
Iesha Jefferson  
Katie Jefferson  
Antonio Jimenez  
Melissa Jimenez  
Carey Johnson  
Jada Johnson  
Lee Ann Johnson  
Meenakshi Jolly  
Earlene Jones  
Esther Joo  
Cristina Juarez  
Courtney Kammer  
Andrea Karkowski  
Reem Karmali  
Amy Keleher  
Jason Kerwin  
Salma Khan  
Zeenat Khan  
Mi Hyun Kim  
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Carole Kipka  
Anna Kieselente  
Kimberly Kline  
Kerry Kluczynski  
Michael Kochanowski  
Renata Koniecko  
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Michael Leiding  
Tamika Lemon  
Ernesto Leon Jr.  
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Uma Levy  
Jacqueline Lewis  
Nancy Licciardi  
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Treshanna Martin  
Marylou Martinez  
Lorraine Mason  
Katherine Matteson  
Tanya Maxey  
Crystal Mayfield  
Anita Mazique  
Samuel McArthur  
Melanie McKean  
Danielle McKinnie  
Lauren McCarthy  
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Surabhi Mehrotra  
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Tanya Melich-Munyan  
Jennifer Mendenhall  
Betty Menez  
Rachel Mikolaitis  
Nicole Milano  
Karen Miller  
Nikia Miller  
Shira Miller  
Cheryl Millunchick  
Barbara Milner  
Barbara Mims  
Andrea Minder  
Lesley Mitchell  
Lina Modestas  
Thomas Molina  
Deborah Monson  
Michael Moran  
Ladonna Moreland  
Marilyn Morgan  
Kathryn Morrison  
Robert Morton  
Sonisha Mosley  
Angela Moss  
Amy Mottola  
Elijah Muhammad  
Jennifer Mulder  
Lisa Munoz  
Alejandro Murillo  
Elizabeth Myers  
Tavve Celeste Napier  
Tasie Nathan  
Magdalena Nava  
Amy Nelson  
David Nelson  
Jacqueline Newman  
Yee Lam Ng  
Kathy Nguyen  
Erica Nilsson  
Yvonne Norman  
Thomas Novakovich  
Janice Odiaga  
Serena Ofenloch  
Tamara Olinger  
Silvia Oliva  
Lourdes Olivares  
Richard Olstein



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Steve Paschos  
Janusz Pasierbski  
Anita Patel  
Kousiki Patra  
Dianne Patrick  
Mark Pellegrino  
Wendy Peoples  
Miguel Perez  
Devon Peterson  
Erin Petrusic  
Guy Petruzzelli  
Angie Marie Phasouk  
Theresa Piazza  
Troy Pittman  
Anna Plaas-Sandy  
Emily Poole  
Steven Powell  
Shyam Prabhakaran  
Regina Prempeh  
Rosa Puerto-Espinosa  
Cindy Quiles  
Linda Quinonez  
Apolinar Quintanilla  
Mahesh Raju  
Elizabeth Raleigh  
Shobha Rao  
Thomas Andrew Reeder  
Joyce Reft  
Rachel Reichlin  
Barbara Resnick  
Chiquita Rhodes  
Michael Rice  
Stephanie Rinehart  
Lane Ritter  
Melissa Ritzman  
Jessica Rivera  
Davida Rixter  
Amy Rizman  
Meghan Robben  
Circumsiona Robbins  
Tanisha Robertson  
Katie Robinson  
Monica Robinson  
Kathy Rockford  
John Rodgers Jr.  
Rickey Rodgers  
Ann Rodriguez  
Rachel Rodriguez  
Mary Rodts  
Oscar Rojas  
Madeleine Rooney  
Rocio Rosiles  
Lindsey Roth  
Haley Roy  
Constance Russell  
Kimberly Russell  
Dominic Saladino  
Brian Salmon  
Patricia Samuels  
Denise Sanchez  
John Sandy  
Carla Santosuosso  
Mary Sauseda  
Elizabeth Saylor  
Mary Schaefer  
Alicia Schaffenacker  
Mark Scherer  
James Schniepp



Susan Schreibstein  
Ruth Schumacher  
Lisa Shah  
Neha Shah  
Richa Sharma  
Elizabeth Shewman  
Maryann Shiltz  
Maureen Shoevlin  
Arvind Shukla  
Maria Sieczka  
Julie Sieling  
Ashley Sierra  
Tatjana Simic  
Laura Simons  
Eddie Simpson  
Ishmeet Singh  
Kamaljit Singh  
Cassandra Smith  
Connie Smith  
Edonis Smith  
Stephanie Smith  
Timothy Smith  
Marena Smitobol  
Monica Snyder  
Michael Somenek  
Riley Stamper  
Kimberly Stanford  
Rhonda Stankiewicz  
Susan Stefan  
Lauren Stein  
Anne Stotler  
Lynn Stradal  
Michelle Stuercke  
Sandra Stugis  
Kelly Sullivan  
Anne Szewka  
Lori Tall  
Yueming Tang  
Darlene Tarver  
Carol Tate  
Barbara Tazioli  
Mark Temenak  
Angeles Tenorio  
Brandon Terry  
Clayton Thomason  
Laura Thorp  
Nicole Thurston  
Natalie Tito  
Heather Todd  
Scott Toennessen  
Jennifer Toledo  
Maria Toledo  
Jennifer Towbin  
Chad Travers  
Sylvester Triplett  
Mehul Trivedi  
Robert Trombley  
Kenneth Tuman  
Michelle Turner  
Katherine Underwood  
Jami Van De Woestyne  
David Van Thiel  
Geoffrey Van Thiel  
Lindsay Vargas  
Rocelia Vargas  
Maripaz Vazquez  
Gina Veit  
Sherri Velez  
Ellen Vigil  
Kelly Vrablic  
Jadranko Vukomanovic  
Yan Wang  
Brenda Ward  
Madeleine Wardell  
Alana Washington  
Kenyatta Washington  
Sherise Washington  
Jintana Weerapan  
Abigail Weidberg  
Jill Wener





Philip Wessler  
Marie Wheaton  
Takayla Williams  
Velma Wilson  
Cynthia Woerner  
Kathryn Wood  
Sophia Worobec  
Steven Wrobel  
Eileen Yasukawa  
Julie Yim  
Jennifer Zander  
Ryan Zengou  
Lei Zhang  
Eleni Zobolas  
Sarah Zucker  
Adan Zuniga

**10 YEARS**  
Nouaman Abdellah  
Jenny Abraham  
Chester Agbai  
Mosunmade Ajayi  
Qiana Alston  
Veronica Alvarez  
Howard An  
Tamiki Andrews  
Zoe Arvanitakis  
Josephine Atkins  
Tonya Baker  
Kelly Banks-Enorense  
Anne Rose Barz  
David Basco  
Molly Bathje  
Vanessa Batten  
Davena Beal  
Charles Behl Jr.  
Latonya Blake  
Charie Blanchard  
Emily Blomstrand  
Darice Bohne  
Arthur Boykins  
Eric Brown  
Sharon Brown  
Carol Butler  
Alexandra Cabrera  
Mary Cadena  
Mary Cajigas  
Eliza Campbell  
Lisa Campbell  
Anna Candoleza  
Yanxia Cao  
Sara Capalbo  
Anne Cardwell  
Alex Castillo Jr.  
Kim Chandler  
Denise Chaney Harris  
Madeline Chaparro  
Gloria Chavez  
Yimin Chen  
Carol Chiesa  
Theresa Cieslinski  
Lola Coke  
Catherine Cole  
Veronica Collins  
Traci Colvin  
Tina Conley  
Jessica Cornejo  
Edmundo Cortez  
Michael Craig  
Charles Cranny  
Jennifer Cranston  
Yoshi Creighton  
Kelvetta Lynn Crockett  
Raymond Crosby  
Anthony Davis  
Danyelle Davis  
Denise Davis  
Marie Davis  
Ronald Davis

Venette Davis  
Patricia De La Fuente  
Kristina Deichl  
Kathleen Deloach  
Janice Dieschbourg  
Martha Doerrer  
Mary Donahue  
Adrienne Edmondson-Futrell  
Beverly Edwards  
Maya Edwards  
Steven Engles  
Melinda Fitzgerald  
Suzanne Flood  
Leon Fogelfeld  
Rosemarie Folino  
Rachel Frazier  
Jennifer Fulmer  
Lynda Gacek  
Donna Galarza  
Leoncio Garcia Jr.  
John Gibbons  
Jennifer Gideon  
Dawn Girardi  
Kristine Glaviano  
Stacey Gley  
Thomas Gochenour  
Armando Gomez  
Robertta Gomez  
Cynthia Gonzalez  
Michelle Gordon  
Debra Green  
Tondria Green  
Bonita Greenwood  
Sonia Gutierrez  
Rosa Guzman  
Arnavaz Hakimiyani  
Narine Hakobyan  
Kristen Hall  
Alicia Hammond  
Valerie Hammons  
Shantel Hampton  
William Hardison  
Hope Harris-Stovall  
Peter Harvey  
Henry Haspil  
Jermaine Hawkins  
Kristal Hawkins  
Bin He  
Yinzhen He  
Lynette Heard  
Cherise Heinz  
Tecia Henderson  
Tisa Henderson  
Tasha Henry  
Maria Herrera  
Adella Hicks  
Bryan Hill  
Kenyetta Nicole Holmes  
Rachel Holt  
Sheri Hone  
Rhonda Hubbard  
Joyce Hutchinson  
Debra Ingram  
Sandra Jackson  
Imke Janssen  
Diane Jefferson  
Charlotte Johnson  
Latanza Johnson  
Priscilla Johnson  
Zackuita Johnson  
Peter Jokich  
Maria Kastanis  
Kathryn Kessler  
Silvana Khoshaba  
Leandra Klasne  
Roger Klett  
Lorraine Koh  
Ann Kopal  
Rebecca Koronkowski  
Sanya Krivokapich

Sally Kupczyk  
Marsha Lau  
Rena Lau-Hui  
Theresa Lee  
William Lewis  
Jia Li  
Morris Lias  
Kathy Lombardo  
Karen Lostaunau  
Katie Madden  
Deborah Maize  
Augustine Manadan  
Krystal Manuel  
Katherine Markulin  
Christine Marra  
Tamika Martin  
Jaison Mathew  
Felisha May  
Everard Mc Gruder  
Michelle McFall-Johnsen  
Patricia McGrath  
Jennifer McGuire  
Tomesha McKinney  
Diane McNaughton  
Rosa Mendoza  
Tina Miller  
Virdee Mims  
Angela Miranda  
Kimberly Mitchell  
Thomas Mitus  
Maribel Montijo  
Deri Morgan  
Melissa Moskos  
Alma Mosqueda  
Sandra Mui Gardner  
Kuheli Mukherjee  
Christina Munoz  
Ece Mutlu  
Muhammad Nadeem  
Deborah Nalian  
Polly Kamin Nandiko  
Ana Navarro  
Violetta Niziolek  
Deirdre Noshay  
Mohammed Odeh  
Kristin O'Donnell  
Linda Olson  
Nathan Onley  
Theresa Orozco  
Laura Ortiz  
Kathryn Oshea  
Zenaida Owens  
Judy Padilla  
Kathleen Panoski  
Margie Par  
Elizabeth Parrino  
Jennifer Paulsen  
Felicia Louise Pautsch  
Jacqueline Pawlak  
Laura Pellikan  
Norberto Perez  
Kevin Planer  
Colleen Plunkett  
Dawn Preston  
Sattoria Price West  
Theresa Randle  
Aisha Ranson  
Geetha Rao  
Kate Reed  
Rodolfo Reyes  
Karen Reynolds  
Theresa Rhine  
Iris Rivera  
Keith Roberts  
Andre Robinson  
Isabel Rodriguez  
Rosa Roman  
Maria Rood

Terrace Ross  
Marvin Rossi  
Dino Rumoro  
Danielle Russell  
Terri Russell  
Sirena Russell-Ambrose  
Monika Sakiewicz  
Sarah Delys Saladino  
Patricia Sanchez  
Rebecca Sanchez  
Frederick Sanford  
Esmeralda Santana-Pasillas  
Kimberly Allen Sareny  
Joanne Schupbach  
Elizabeth Scott  
Robert Scott  
Sathiya Selvaraj  
Evelyn Senewo  
Eileen Serafin  
Leticia Sextion  
Maliha Shaikh  
Belle Shim  
Julio Silva  
James Sims Jr.  
Brenda Singleton  
Sean Sitzes  
Sharon Sloan  
Sharon Snelling  
Gene Solmos  
Beatriz Soto  
Betty Stcyr-Christophe  
Jon Steinhagen  
Lisa Stempel  
Marcelle Stone  
Scott Stover  
Michele Strzelinski  
Sarah Sullivan  
Janet Wilson  
Angela Taylor  
Nefriada Taylor  
Jeremiah Tennant  
Gloria Thomas  
Tracy Thomas  
Delores Toliver  
Vivian Traylor  
Arcadio Troche  
Timothy Tucker  
Donna Turetgen  
Carol Turner  
Guillermina Valle  
Roderick Varner  
Brenda Vasquez  
Seantki Vassel  
Annette Vaughn-Brown  
Merlissa Verdaguer  
Jessica Walker  
Emanuel Wallace  
Kelly Walters  
Edward Ward  
Linda Watts  
Sandra Webb  
Ann Wehmeyer  
Beatrice White  
Beverly White  
Torrence Whitfield  
Clarice Williams  
Marcus Williams  
Michelle Williams  
Sharon Williams  
Viella Williams  
Angela Wilson  
Darlene Wilson  
Markus Wimmer  
Michael Wisniewski  
Jennifer Wolf  
Beverly Woodard  
Phyllis Woods  
Teresa Woolington

Monica Young  
Paula Zakrzewski  
Mohammed-Reza Zariffard  
Lisa Zavala  
Peter Ziarno

**15 YEARS**

Neelum Aggarwal  
Nicole Marie Albold  
Stuart Anderson  
Grace Bandi  
Walter Baniecki  
Marsha Barfield  
Joanne Bass  
Todd Beck  
Christine Benitez  
Vsevolod Berger  
Nneka Betts  
Kimberly Blackwell  
Cynthia Boyd  
Keith Boyd  
Bernard Bromberg  
Kathylene Buday  
Andre Carter  
Kathleen Casey  
Michael Cervantes  
Cheryl Christensen  
Boris Christof  
Deruthia Clinkscales  
James Clukey  
Karol Cordon  
Ann Cotton  
Robert Creek  
Sandra Davila  
Cindy Davis  
Kenneth Davis  
Lorenda Davis  
Patricia Day  
Joanna Diaz  
George Dombrowski Jr.  
Douglas Dostal  
David Durdov  
Mary Lee Evans  
Jacek Felinski  
Diamantina Fletcher  
Queen Flowers  
William Frankenbach  
Maxine Givens  
Leticia Gonzalez  
Ryan Greves  
Stephanie Guzik  
Mary Hackett  
Nadim Hallab  
Scott Halper  
Jessie Hawthorn  
Judith Heddens  
Kathleen Heneghan  
Elizabeth Hoover Papendick  
Daniel Huang  
Keith Intrieri  
Edet Isabell  
Charles Jaffe  
Cheryl Jennings  
Lolesia Johnson  
Kim Jones  
Wrenetha Julion  
Nahid Khan  
Shirley Kim  
Dina Klein  
Anne Koehler  
Stan Lapidos  
Delores Louis  
Dimitra Loukissa  
Marie Mahoney  
Robert March  
Diane Marston

*Continued on next page*





# Employee Anniversaries

Continued from page 7

Shawnda Mays  
Paula Meier  
Juanita Merchan Castejon  
Anna Mielczarek  
Julie Anne Moore  
Robert Mullig  
Kathleen Naanes  
Pamela Napier  
Kelly Noren  
Antoine Palton  
Catherine Park  
Marcia Patterson  
Suzanne Perraud  
Lynne Petit  
Kevin Pittman  
Christina Plata  
Kenneth Quandt  
Emelina Quintana  
Mary Rios  
Lula Robertson  
Ian Robinson  
Fidel Rodriguez  
Don Rogers  
Jan Ross  
Houstoun Sadler II  
Julie Schneider  
Mary Serrano  
Marvin Sinsakul  
Diane Smith  
Lisa Diana Solomon  
Emiliana Stancu  
Lena Stern  
Jacquelyn Thomas  
Kevin Thomas  
Pearlean Thomas  
Elaine Thomas-Pompey  
Carla Triplett  
Richard Trohman  
Maria Vallort  
Dorothy Vaughn  
Josephine Volgi  
Janet Weber  
Emily White  
Christy Williams  
David Wojciechowski  
Velia Zavala

## 20 YEARS

Carmen Acevedo  
Sarah Ailey  
Emmanuel Anderson  
Kimberly Askew  
Dora Astorga  
Julie Bach  
Elida Bader  
Denise Banton  
Tajuana Barnes  
Shirma Bayna  
Rowena Benedetti  
John Bokowski  
Joyce Brown  
Lydia Bryant-Pettus  
Dolores Calma  
James Calvin  
Angeles Carless  
Wei Chang  
Teresa Chmura  
Willie Clay Jr.  
Kevin Collins  
Mary Coughlin  
Patrick Crawford  
Mary Damirayakhian  
Michelle Darang-Coleman  
Teresa Dubovich  
Derrick Echols  
Kathleen Egan  
Elizabeth Enriquez  
Sally Figueras  
Wrayanne Flasar  
Dan Foglia  
Dennis Ford  
Salvatore Franzese Jr.  
Marlise Frey



Michael Gacek  
Betty Garrett-Perry  
Paul Glickman  
Loreta Guziec  
Susan Hauptman  
Denise Hauser  
William Hayden  
Wendy Hermle  
Sharon Holliday  
Robert Howard  
Michael Hussey  
Heather Jackert  
Orlando Jarrin  
Linda Jenkins  
Dion Johnson  
Harold Johnson  
Andres Kanner  
Joseph Kaul  
Kathryn Ann Keith  
Michael Kelly  
Russell Kelly  
Robert Kimura  
Ruth Kleinpell  
Diana Lacy  
David Lee  
Martha Longoria  
Christine Mach  
Dorothy Malecki  
Noelle Maloney  
Mary Frances McNally  
Luz Helenia Medina  
Robin Gayle Melendez  
Mary Mesch  
Elliott Mufson  
Susan Kay Nagle  
Susan Nelson  
Jeffrey Niforos  
Gertrude Novak  
Elisa Ortiz  
Deborah Pach  
Roberto Panelo  
Julieta Perez  
Anthony Perry  
Daniel Pohlman  
Maria Quinonez  
Richard Quintana  
John Ralyea  
Maria Ramirez  
Ronald Rangel  
John Ranieri  
Lewis Redmond  
Odell Reeder  
Angela Roberson  
Mary Ryan  
Kelly Rymsza  
Samuel Saltzberg  
Danielle Sanchez  
Erika Schwelnus  
Beverly Sha  
Elanda Shannon  
Dorothy Smith  
Jeffrey Soble  
Eddie Speights  
Kathryn Swartwout  
Shawana Tate  
Naleumon Thiraphoj  
Sonja Tudor  
Celia Villarreal  
Raul Villaverde  
Anthony Viteri  
Beth Volin  
Arthur Watson  
Sarah Weatherspoon  
Tyrone Wilburn  
Judith Wiley  
Barbara Williams  
Tornado Ann Williams  
Debra Williams-Ortiz  
Andrew Wilson  
Reva Wymbs



## 25 YEARS

Richard Abrams  
Cynthia Akelis  
Enrique Amezaga  
Jean Aschkenasy  
David Baldwin Jr.  
Keeley Binion  
Patricia Blattner  
Kenneth Boyer  
Abbi Brees  
Paula Brown  
Marie Carnevale  
Larry Casey  
Kathleen Cerone  
Dianne Chapman  
Verneice Cherry  
Ada Cole  
Patricia Cole-Acosta  
Jeanette Davis  
Richard Davis  
Clarence DeYoung  
Alison Finnegan  
Gail Frank  
Diane Gallagher  
Fernando Garcia  
Carmel Gaughan  
Dana Goodin  
Clarence Grainger Jr.  
Mario Gubatan  
Jean Heideman  
Peter Heydemann  
Barbara Kitzes Hinch  
Donnell Hogan  
Jerry Isaacs  
Kristina Janich  
Mary Johnson  
Stephen Kareka  
Clifford Kavinsky  
Shirley Kazmierski  
Dianne Kelly  
Rosalie Krolik  
Marilyn Krzystek  
Linda Lafferty  
Amy Levin  
Daniel Luedke  
Bella Maningat  
Jesus Mata  
Bennie McWilliams  
Laura McGloin  
Linda Ann Meeks  
Karen Murray  
Phyllis Nash  
Rosario Nobile  
Maria Oppermann  
Michele Higgins Prod  
Paula Redding  
Vevlyn Rogers  
Dorothy Sanford  
Barbara Schmitt  
Anne Slager  
Lynn Smetana  
Zachary Smith  
Zita Smith  
Diane Springer  
James Statler  
Mary Ann Tan  
John Tarsa  
Donnell Wardell  
Brenda Lee Williams  
Tarren Williams  
Joann Winger  
Walter Zielinski

## 30 YEARS

Judy Andriamahefa  
Leonard Asuncion  
Theresa Beck  
Margaret Berg  
Margaret Betts  
Cheryl Bibbs

Peggy Bigoness  
Johnnie Bonds  
Robert Bowser  
Lavera Brown Leftridge  
Colin Cloherty  
Marianne Corrieri-Alaniz  
Dwayne Dillard  
Georgiann Donatille  
Shirley Evans  
Marva Flowers  
Leota Gajda  
Selma George  
Ann George-Fohrman  
Caroline Goldenberg  
Mary Ann Hejna  
Martha Herrera  
Lisa Hirshfield  
Kimberly Humbarger  
Mary Johnson  
Jean Jones  
James Kerns  
Harold Kessler  
Sharon Kreidl  
Mable Kyles  
Denise Labeledz  
Yvonne Lange  
Ernestine Lee  
Adrienne Lennix-Stewart  
Janice Lott-Hopgood  
Patrice Merriweather  
Charles Mezatis  
Ronald Moore  
Catherine Ann Muza  
Geri Narsete Prevo  
Dianne Noibi  
Olivia Penales  
Donald Peterson  
Theresa Pollack  
Deborah Lyn Quaid  
Laura Quigley  
Ewa Radwanska  
Leopoldo Ramones  
Jeanette Risley  
Maria Delaluz Rivera  
Lidia Rivero  
Wiley Roberts  
Noelle Shallcross  
Vicki Shaw-Harvey  
Marcia Sheridan  
Mary Krembuszewski Silver  
Michael Silver  
Paula Soczek  
Charlotte Storino  
Erlinda Talla  
Johnny Tang  
Susan Vanderberg  
MacArthur Vaughn  
Hans Vilme  
William Warren  
Jeri Willhoite  
Norman Wool  
Janice Zeller

## 35 YEARS

Kenneth Battle  
Donald Becker  
Nancy Becker  
Catherine Bishop-Jozwiak  
Henrietta Bunch  
Monica Cieslarski  
Theodoric Cockrell  
Paula Dillon  
Maryann Eglaston  
Robert Eisenberg  
Sally Evankoe



Margaret Faut-Callahan  
Trigidio Figueras  
Shirley Fleming  
John Geisler  
Ofelia Gonzales  
Larry Goodman  
William Gunn  
Alice Guzman  
Avril Hector  
Carol Horkavy  
Oscar Hunter  
Cynthia Irwin  
Frances Jacobs  
Judy Janes  
Thea Johnson  
William Jones  
Brenda Kirkland  
Elizabeth Lorraine Krch-Cole  
Joyce Lichauco  
Cecilia Manlapaz  
John Mead  
Mary Nuno  
Nancy Osiecki  
Helen Sereda Pawluk  
Marilynn Payton  
John Pickett  
Mary Rauer  
Mary Rolfe-Shaw  
Malinda Rosenwinkel  
William Scheftner  
Flora Scuefield  
Cheryl Marie Siegall  
Essie Stockling  
Katarina Szego  
Remigio Taasan  
Cynthia Pytko Temenak  
Janice Thomas  
Jordan Topel  
Nancy Visocki  
Erma Wallace  
Margaret Waszkiewicz  
Felicia White  
Dewayne Williams  
Robert Wilson  
Barbara Wizniuk  
Ronald Wnek  
Paul Wong

## 40 YEARS

Lynn Branch  
Rose Claude  
Marie Deal  
Ora Dean  
Francisco Garcia  
Roberto Garcia  
Henry Gewurz  
James Greer  
William Hughes  
Crystal Lowry  
Nancy McGuire  
Walter Mroz  
Niranjan Patel  
Virginia Perillo  
Janith Schwagart  
Henry Taylor  
Algis Tiknius  
Winsome Williams

## 45 YEARS

Maggie Duncan  
Esther Peden

## 50 YEARS

Audrey Haygood

Please note: The Founders Day list does not include employees' academic degrees. Human resources has made every effort to ensure that this list is as accurate as possible. If you have any questions, please contact Employee Relations at ext. 2-5916.



# NEWSrounds

## MEET CHOOSE HEALTH, THE NEW RUSH WELLNESS PROGRAM

Getting healthier just got easier for Rush employees. Rush is introducing Choose Health, a comprehensive new wellness program to help Rush employees stay healthy.

The centerpiece of the Choose Health program is a free health screening that will be available at work in September and early October for all employees in the Rush health plan. Employees who complete the health screenings will be taking an important step to improve their health. They'll also be eligible to earn \$150 for participating.

The screenings will take place from Sept. 12 to Sept. 23 and Oct. 6 to Oct. 8 at various times, including all shifts.

Based on the overall results of the screening, the Choose Health

program will design events and classes to help employees achieve their wellness goals. Choose Health also will offer programs to help employees manage chronic medical conditions such as diabetes, asthma and high blood pressure and will provide special help for moms to be. In addition, Choose Health includes the Rush employee health plan, which provides coverage for preventive screenings and treatment of illness and injury.

"Rush values our employees, and we want them to be as healthy as they can be," says Larry Goodman, MD, Rush CEO. "We're offering these health screenings and the rest of the Choose Health program so that health risks can be identified before they become serious health problems and to help employees

take action to maintain and improve their health."

Participation in the health screenings is entirely voluntary and is open to any Rush employee enrolled in the Rush health plan as of July 1, 2011. Employees who weren't enrolled in the health plan on that date will be able to participate in other Choose Health programs that will be announced in the future.

The health screenings will be held at both the Medical Center on the ground floor of the Atrium Building and at Rush Oak Park Hospital in the first floor conference room. The screenings will be conducted by Rush nurses and phlebotomists from Rush Medical Laboratories.

Each screening will take about 30 minutes. It will include a blood test to check cholesterol and blood sugar levels. The screening also will measure the employee's blood pressure, height, weight and waist circumference. In addition, when employees register for the screening at the Choose Health website ([www.rush-health.com/choosehealth](http://www.rush-health.com/choosehealth)), they'll be asked to spend about 10 minutes taking a questionnaire that will tell what other screening tests and behaviors can improve health.

"The results of the health screenings will be combined with the employee's answers to the questionnaire to determine each employee's risk for

heart disease and diabetes. Based on those results, we'll recommend things the employee can do to improve these risks," says Cathy Dimou, MD, president of the Rush medical staff.

Rush Health is coordinating the screenings and provides wellness and prevention services similar to the Choose Health program for many major Chicago-area companies. Rush Health is a clinically integrated network of Rush health care providers who work together to improve health through high quality, efficient health services covering the spectrum of patient care.

The results of the screening and questionnaire will be kept completely confidential. "No one will know the individual results except the employee and a Rush Health medical director and nurse who will review the final, combined results of the employee's health risk questionnaire and health screening," Dimou says.

If an employee is found to have or be at risk for a chronic illness, a Rush Health nurse will receive the results and contact the employee with recommendations for follow up care, including arranging an appointment with a primary care physician. "In addition, the employees will be able to contact a Rush Health nurse for education and support to help them reduce their health risk or manage their condition," Dimou says.

### HOW TO REGISTER

Registering for the health screenings is easy. Just go to the program's website, [www.rush-health.com/choosehealth](http://www.rush-health.com/choosehealth). There, you can register for your health screening and take the health questionnaire. To access the health questionnaire, enter ChooseHealth (one word).

"By taking these simple steps, Rush employees ultimately will improve their health. Plus, they'll be eligible for the \$150 incentive for completing the program," Dimou says. She adds that employees also can protect their health by undergoing the preventive screenings available at no cost through the Rush health plan, which include routine physical and gynecological exams, well-child exams and routine cancer screenings.

"These preventive screenings are free to anyone in the Rush health plan. Getting them as recommended greatly increases a person's chance of catching a serious illness in an early stage, when treatment has the best chance of success," Dimou says. "The more employees in the Rush health plan take advantage of these preventive screenings, as well as the free onsite screenings in September and October, the more likely they are to stay healthy." •

*Questions? Please email the Choose Health program at [Choosehealth@rush-health.com](mailto:Choosehealth@rush-health.com) or call (312) 942-7479.*

**choose HEALTH**  
PUT RUSH REWARDS TO WORK FOR YOU



## U.S. NEWS & WORLD REPORT AGAIN RANKS RUSH AMONG COUNTRY'S TOP HOSPITALS

*U.S. News & World Report* again has ranked Rush University Medical Center among the top hospitals in the country in its annual "America's Best Hospitals" issue. The Medical Center is ranked among the top 50 programs in the country in 10 of 16 categories in the issue, which was available at newsstands Aug. 30. You can see all of the results online at [www.usnews.com/besthospitals](http://www.usnews.com/besthospitals).

Rush is ranked higher than any other program in Illinois in orthopedics at No. 8 in the nation and in geriatrics at No. 17. The Medical Center's ranked programs include the following:

- Orthopedics, No. 8
- Neurology and Neurosurgery, No. 15
- Geriatrics, No. 17
- Heart and Heart Surgery, No. 29
- Gynecology, No. 33
- Urology, No. 39
- Cancer, No. 40
- Pulmonology, No. 45
- Ear, Nose and Throat, No. 46
- Kidney Disorders, No. 47

In May, *U.S. News* ranked the top children's hospitals. Rush Children's Hospital was included on the list for a pediatric specialty for the first time, with the pediatric gastroenterology program ranking No. 49 in the nation.

Gynecology and geriatrics achieved a significant improvement in their respective rankings. The Medical Center's orthopedics, urology, cancer and pulmonology programs all saw increases in rankings as well.

"This annual ranking reflects the great work everyone at Rush does to provide the best possible patient care. As a result, the Medical Center has earned its place among the top academic medical centers in America," says Larry J. Goodman, MD, Rush CEO. The Medical Center was among a very small number of hospitals nationwide that ranked in 10 or more categories. This accomplishment is particularly noteworthy when you consider that just 140 of 5,000 hospitals in the United States — less than 3 percent — scored high enough this year to rank in even a single specialty category.

Hard numbers stand behind the rankings in most specialties — death rates, patient safety, procedure volume and other objective data. Responses to a national survey, in which physicians were asked to name hospitals they

consider best in their specialty for the toughest cases, also were factored in.

Now in its 22nd year, the "America's Best Hospitals" guide is the most extensive hospital ranking to date. According to *U.S. News & World Report*, the purpose of the "America's Best Hospitals" ranking is to guide patients "who need an unusually high level of hospital care. Hospitals are judged not in routine procedures but in complex and demanding situations, often with high-risk patients."

According to the magazine's editors, "high-stakes medicine calls for more than the usual brand of doctoring." And it's not just doctoring. The entire health care team and access to the latest technologies, newest drugs and newest devices is what makes the difference.

"As gratifying as these rankings are, our goal is to provide even better care for our patients," Goodman says. "We intend to continue to make improvements across all areas of Rush as a normal course of our work, efforts that we hope will be reflected in the most important outcome, our patients' health.



*Joshua Jacobs, MD, William A. Hark, MD/Susanne G. Swift Professor and chairperson of the Department of Orthopedic Surgery, consults with a patient. The orthopedics program at Rush was ranked eighth in the nation.*

"Congratulations to everyone who has helped us achieve these accomplishments," Goodman continues, "and thank you all for your continued hard work and dedication to our patients and to Rush."

Rush recently received yet another prestigious honor. For the third consecutive year, Rush was named a Leader in LGBT Healthcare Equality in the Healthcare Equality Index (HEI) report, an annual survey of U.S. hospitals regarding treatment of lesbian, gay, bisexual, and transgender (LGBT) patients and their families and hospital employees. Rush was one of only 27 survey respondents in the country and one

of only two in Illinois to meet all of the survey's main criteria. The survey respondents represented 375 health care facilities nationwide.

The HEI survey is administered annually by the Human Rights Campaign Foundation, the country's largest LGBT civil rights organization. The survey evaluated hospitals on the basis of four key policy areas: visitation policies, cultural competency training and patient and employment nondiscrimination policies. Rush received a perfect score in all of the evaluation categories. The Healthcare Equality Index 2011 is available online in PDF format at [www.hrc.org/hei](http://www.hrc.org/hei). •



# The New Tower FLOOR-BY-FLOOR

## CLINICAL AND OPERATIONAL AREAS



Patient room



Neonatal intensive care



Operating room

### FLOORS 10-14

- Herb Family Acute and Critical Care Tower (304 private patient rooms)
- 10th Floor — general surgery and transplant and other critical care
- 11th Floor — neuroscience intensive care unit and surgical intensive care unit
- 12th Floor — neurology/neurosurgery, cardiovascular and thoracic/spine/trauma
- 13th Floor — medicine, non-spinal orthopedics
- 14th Floor — Sylvia Lavin Cancer Care Floor

### FLOOR 8

- Labor and delivery (10 rooms) and Renee Schine Crown Neonatal Intensive Care Unit (72 intensive care unit rooms for newborn babies)
- Moving into Tower in 2013

### FLOORS 4, 5 AND 7

- Interventional platform (surgical and interventional services, including 40 procedure rooms, 102 patient preparation/recovery rooms and 24 private extended stay patient rooms):
- 4th Floor — interventional services (diagnostic imaging): Woman's Board Heart and Valve Center (cardiac catheterization and electrophysiology), interventional radiology, neuroendovascular labs
- 5th and 7th Floors — operating rooms, including the Grainger Joint Replacement Surgery Center

### FLOOR 3

- Mary Jo and John Boler Center for Advanced Imaging, including cardiology — device clinic, echocardiograms, electrocardiograms, stress labs; neurodiagnostics — electroencephalography, electromyography; radiology — CT, fluoroscopy, MRI, nuclear medicine, ultrasound

### GROUND FLOOR

- Emergency department and McCormick Foundation Center for Advanced Emergency Response (56 patient bays)

### GROUND FLOOR

- Edward A Brennan Entry Pavilion
- Information desk (staffed 24 hours a day, seven days a week)
- Patient admitting and registration
- Employee Health Services
- Valet parking



## TRANSFORMATION WEB SITE LAUNCHES

Rush has launched a website specifically about the new hospital and our transformation, <http://transforming.rush.edu>. You also can get to the site by going to Rush's main website, [www.rush.edu](http://www.rush.edu), and clicking on the box in the upper right hand corner with the photo of the new hospital and the headline "See the Future of Medicine."

Transforming.rush.edu is part of Rush's marketing communications to build awareness of the Tower and how we are transforming care for our patients. The site covers key features of the new hospital, including its emergency preparedness center, interventional platform, neonatal intensive care unit, patient rooms and universal design. You'll also



find information about quality of care, environmental sustainability and advanced technology in the new hospital.

The website includes an animated video tour of the Tower. Viewers can click on "hot spots" on each stop along the tour to learn more

about important details of the new hospital. In addition, beautiful photography and artists' renderings provide vivid pictures of the Tower and the patient care that will take place within it. Another new way for you to learn more about the transformation is

Rush's exciting new intranet site. Welcome to the Future of Medicine, located at <http://insiderush.edu/transformation>, features employee videos, stories and more, providing key information for staff to prepare to move into the Tower.

## MOVING INTO THE TOWER, HOUR BY HOUR

The following is the schedule for departments to move into the Tower:

### FRIDAY, JAN. 6, 6 A.M.

The emergency department and all its related services opens. Patients who came to the old emergency department before 6 a.m. will remain there until they are treated and either admitted or able to leave the hospital. By about 3 p.m., the old department should be clear of all cases and will close.

### FRIDAY, JAN. 6, AFTERNOON

Central Sterile begins moving into the Tower.

Operating rooms (ORs) and interventional services begin moving into Tower, with emergency cases handled in Atrium Building ORs over the weekend.

### SATURDAY, JAN. 7

Diagnostic imaging opens.

### SUNDAY, JAN. 8, 6 A.M.

Following the administering of patient medications: Acute care patient units will move to floors 10 and 12 to 14, beginning with 8 North and 9 South Atrium and followed by 8 South Atrium; 3, 10 and 11 Kellogg; and 9 North Atrium.

### SUNDAY, JAN. 8, AFTER ACUTE CARE UNITS HAVE MOVED

The critical care units begin to move, starting with the surgical intensive care unit, followed by the neuroscience intensive care unit and medical intensive care unit. Each patient will be escorted by a full clinical team.



This coming January, years of planning, construction and preparation will come to completion when Rush opens the Tower, its new hospital building. Many Rush departments and services will call the new Tower home.

Want a preview? Here's a look at where everything will be in the Tower, from clinical areas to rooftop gardens, the staff cafeteria, break and quiet rooms and more.

STAFF AND NONCLINICAL PATIENT AREAS

- ALL FLOORS** (*Basement to 14*)
- Staff lounges with televisions, dining tables and refrigerators for food storage

- FLOORS 10-14**
- Staff respite rooms — quiet rooms with comfortable seating for staff to relax and unwind
  - Staff conference rooms

- FLOOR 9**
- Rooftop garden (for Rush staff only)
  - Mechanical operations (heating and cooling, electrical and ventilation)

- FLOOR 7**
- Smith Family Lounge (waiting area for family and friends of surgery patients)
  - Café 7 (Staff cafeteria)

- FLOOR 5**
- Smith Family Lounge (waiting area for family and friends of surgery patients, including private family waiting rooms)

- FLOOR 4 CONCOURSE**
- Admitting/registration desk (for patients entering the hospital via the fourth floor walkways from the parking garage)
  - Quiet area — phone conversation-free area with seating in hallway along north side of rooftop garden
  - Resource center — staffed area with computer terminals where patients and visitors can obtain information about medical conditions and treatment options
  - Shirley and Richard Jaffee Family Garden (open to patients and visitors)
  - Smith Family Lounge (waiting area for family and friends of surgery patients, including a child waiting area)
  - The Naomi Borwell Woman's Board Gift Shop (replacing the location next to the Au Bon Pain on the 4th floor lobby of the Atrium Building)



Staff conference room



Smith Family Lounge



Fourth floor concourse quiet area

NEWSrounds

September 2011

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*Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.*

MEDICAL STUDENT EMBODIES RUSH'S COMMITMENT TO COMMUNITY

It's a sunny Wednesday afternoon, and Rush medical student Vivian Leung gathers a group of second through eighth graders around the vegetable garden she helped them plant. "Who remembers what this is?" she asks, pointing toward a patch of green leaves. "Aru-? Arugu-?"

"Arugula!" a boy answers, setting in motion one of many after-school lessons Leung has led as part of what she calls the "edible schoolyard program" at King Elementary, a public school on Chicago's West Side. She visits the school once a week to discuss, tend and eat the vegetables with children. In the process, Leung is breaking down obstacles to healthy eating that plague many Chicago communities.

King is in the middle of a food desert — an area, usually composed of lower-income communities, whose residents have limited access to grocery stores or other retailers that sell healthy, affordable food. These areas foster unhealthy diets that can lead to diabetes, heart disease and obesity-related metabolic disease.

"As medical students we really want to go out and develop our people-to-people skills, and the clinics and community

service opportunities at Rush allow us to do that," Leung says. "Rush really encourages students to get involved in changing our communities for the better."

Leung's experience is one of the stories featured in the Community Benefits Report for Rush's 2010 fiscal year (July 1, 2009-June 30, 2010). The report features many of the initiatives that reflect Rush's commitment to community through patient care, education and research.

These activities represent a significant financial commitment: In the past fiscal year, Rush University Medical Center and Rush Oak Park Hospital together provided more than \$200 million in community benefits. The largest part of that amount was nearly \$136 million in unreimbursed, but much needed, care that Rush provided to its patients.

That amount includes free care for patients who notify Rush ahead of time that they cannot pay for services, care for patients who receive services at Rush but later cannot pay their bills and care for patients whose government insurance does not cover all the costs to Rush to provide those services.

Rush also provided \$40.3 million to subsidize Rush University's work to educate and train future physicians, nurses and allied health professionals; allocated \$13.8 million for research to improve patient care; and provided more than \$5.7 million in other community benefit programs, which includes donations to various community and medical organizations throughout the Chicago area. Also, Rush maintains a staff of interpreters that makes quality patient care more accessible to Chicago's diverse populations, and provides volunteer time and resources for various community service activities.

Rush is able to provide and support these services because the Medical Center is a not-for-profit organization, which means that any revenue that remains after paying expenses is reinvested in the institution and its programs — including a substantial portion dedicated to community benefits. Maintaining tax-exempt status is crucial to the Medical Center's efforts to provide critical community services, because it leaves Rush with the revenue needed to pay for them.



Medical Student Vivian Leung in the garden at King Elementary.

"At Rush, we realize that the Medical Center is part of a larger community, and that we have a responsibility to enhance that community's well-being," says Larry J. Goodman, MD, Rush CEO. "The community benefits report shows how we're meeting that responsibility. I encourage everyone at the Medical Center to read this report, and learn more about the many ways Rush serves our community. I know you'll be very proud."

You can explore Rush's 2011 Community Benefits Report online at [www.rush.edu/cbr2011](http://www.rush.edu/cbr2011).



# News Briefs

## COMMUNITY PROGRAMS

### PROSTATE CANCER: WHAT YOU NEED TO KNOW

Tuesday, Sept. 13, 6 to 8 p.m.

Armour Academic Center, Room 976

Comprehensive care that is individualized to each patient is especially important in the treatment of cancer. The Coleman Foundation Comprehensive Prostate Cancer Clinic at Rush offers men the ability to meet with an urologist, a medical oncologist and a radiation oncologist in a single visit. Come to a special session with these physicians to learn about exciting treatments for prostate cancer, such as TomoTherapy and the da Vinci robotic surgery system. To register, please call the Rush Physician Referral Service at (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

### RESEARCH AND TREATMENT FOR BREAST CANCER

Tuesday, Oct. 4, 6 to 8 p.m.

Armour Academic Center, Room 976

The Coleman Foundation Comprehensive Breast Cancer Clinic at Rush is a multidisciplinary group of specialists who provide patients with access to the full range of the latest and most innovative treatment options. Join specialists to learn more about the earliest form of breast cancer (ductal carcinoma in situ), research and the latest treatment options. To register, please call the Rush Physician Referral Service at (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

### INNOVATIONS IN RESEARCH AND TREATMENT FOR VALVE DISEASE

Tuesday, Oct. 25, 6 to 8 p.m.

Armour Academic Center, Room 976

The Rush Valve Clinic brings together physicians with a wide breadth of experience in surgical and interventional approaches to addressing diseases of the aortic, mitral and pulmonary valves. Join the physicians from Rush to learn more about research and treatment options for valve disease. To register, please call the Rush Physician Referral Service at (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

## Make Back-To-School Season a Time to Learn New Health Lessons

*At Rush, keeping people healthy includes helping Rush staff, employees, students and volunteers lead healthy lifestyles. As part of that effort, Cassie Vanderwall, MS, RD, LDN, a registered dietitian at Rush and a certified personal trainer, offers tips on healthy eating and activity in each issue of NewsRounds.*

For many children and their parents or caregivers, the end of summer means the start of the school year. Even if this time of year doesn't hold the prospect of a new backpack, pencils, or a lunchbox, you can still get into the back-to-school spirit with new beginnings, goals, knowledge and healthier behaviors. For example:

- Use this time to review and renew any New Year's resolutions you've made, or set new health goals for the rest of the year, such as exercising more often or identifying ways to reduce stress.
- If you or your family have not had a physical within the last year, make an appointment with your doctor to make sure you're in good health.

If you have children, you also can take advantage of the structure of the school year to schedule more family dinners.

Research has shown there are many positive benefits when families eat together three or more times per week, including the following:

- Children and parents talk more
- Children attain higher test scores and maintain better grades
- Families experience fewer behavior problems

- Everyone has better table manners
- Family members have higher self-confidence
- Families build happy memories and a stronger family bond
- Overall better physical health

Family meals can be easier and more enjoyable by welcoming the whole family into the kitchen. The key to cooking with kids, or as a family, is matching cooking skills with the person's age. Younger children can help with the following tasks:

- Sorting food items by color and shape
- Tearing lettuce or snap green beans
- Stirring cool mixtures
- Placing cool ingredients in a bowl
- Counting food items to make a healthy portion
- Setting the table

To make a healthy family dinner, use the following five guidelines:

- Include foods from at least three of the five food groups (whole grains, lean protein, low-fat dairy, vegetables and fruit).
- Include one serving of a high-fiber food, such as whole-grain bread, brown rice, vegetables or kidney beans.



- Limit sources of extra fat such as fried foods, poultry skin or butter. Choose to serve baked foods, skinless chicken and fish. Use olive or canola oils, or tub margarine in place of vegetable oil or stick butter to provide heart healthy fats.
- Limit added sugar found in soft drinks, juices and desserts. Serve water as the beverage of choice.
- Sit down, and enjoy the meal with your family.

For additional meal and snack ideas suitable for the whole family check out the Cooking for Kids podcast at [www.YouTube.com/RushMedicalCenter](http://www.YouTube.com/RushMedicalCenter), and search "Cooking for Kids."

*If you have questions regarding healthy eating for the whole family, or are interested in speaking with a registered dietitian or personal trainer, please call (312) 942-5926.*

## People News

### Kudos

**Howard An, MD**, director of spine surgery and the spine surgery fellowship program at Rush, received the Kappa Delta Award from the American Academy of Orthopaedic Surgeons for his paper, "Intervertebral Disc Repair or Regeneration by Growth Factor and/or Cytokine Inhibitor Protein Injection." The award recognizes researchers who are helping to close the gap between basic research and clinical medicine.

**Roy A.E. Bakay, MD**, professor and vice chairperson of the Department of Neurological Surgery, received the Molly and Bernard Sanberg Memorial Award from the American Society of Neural Therapy and Repair (ASNTR) during the society's 18th annual conference, held in Florida in May. ASNTR presents this award periodically to an outstanding scientist who has made a significant contribution to the field of brain repair.

**Lynne T. Braun, RN, PhD, CNP, FAHA, FAAN**, professor, Department of



Adult Health and Gerontological Nursing, received the American Heart Association (AHA) Healthcare Volunteer of the Year Award during the AHA's awards luncheon on June 22 in Dallas. This award recognizes one health care volunteer who has "rendered outstanding contributions to or achievements in cardiovascular disease/stroke patient care or to improvements in the quality of health care delivery."

**Charles Bush-Joseph, MD**, a sports



medicine specialist at Rush and head team physician for the Chicago White Sox, was elected president of the Major League Baseball Team Physicians Association. Bush-Joseph, who begins his one-year term in December, will advise the league about matters of player health and safety and make recommendations for further education of team physicians and trainers.

At the urging of a grateful patient, **Howard Kaufman, MD**, director of the Rush University Cancer Center, collaborated with fellow melanoma specialists around the city to establish the **Chicago Melanoma Consortium (CMC)**. It is the first city-wide cooperative for patients with melanoma. The CMC's main goal is to bring melanoma specialists in the area together for discussion, sharing of ideas and reporting on the clinical trials that are being conducted at medical centers in the Chicago area. For more information about the CMC, please visit [www.chicagomelanomaconsortium.org](http://www.chicagomelanomaconsortium.org).

On May 16, the Illinois Department of Public Health (IDPH) and The Illinois Emergency Medical Services for Children (EMSC) program honored **Jane Kramer,**



**MD**, with the Ron W. Lee, MD Clinical Excellence Award for her contributions to childhood care. Kramer is currently the associate

clinical chairperson of pediatrics in the Department of Emergency Medicine and program director of the pediatric residency program. The IDPH and EMSC give the Ron W. Lee, M.D. — Excellence in Pediatric Care Awards annually to recognize individuals dedicated to pediatric emergency care and childhood injury prevention initiatives.

The American Medical Association (AMA) Foundation is proud to announce that **Sheena McDaniels**, a first-year



medical student, is a 2011 Minority Scholars Award recipient. One of only 13 medical students in the country to be so

honored, she will receive a \$10,000 scholarship in recognition of scholastic achievement and commitment to improving minority health. The Minority Scholars Award, given in collaboration with the AMA Minority Affairs Consortium, with support from Pfizer Inc., promotes diversity in the medical profession and helps with the rapidly rising cost of medical education.

**Dennis A. Pessis, MD**, associate chairperson and professor, Department of Urology, was voted president elect of the American Urological Association (AUA) in May. Pessis will assume the role in May 2012. The AUA was founded in 1903 and is the premier professional association for the advancement of urologic patient care, working to ensure that its more than 17,000 members are current in the latest research and practice in urology.

The Metropolitan Chicago Healthcare Council selected **Julio Silva, MD**, chief

medical information officer, information services, as one of 13 industry representatives to serve on the Metro-Chicago Health Information Exchange (HIE) Advisory Council. The council will provide governance and guidance about the HIE as it is implemented this year. The MetroChicago HIE — which is expected to be the largest unified metropolitan HIE in the country, serving more than 9.4 million people — will allow authorized health care providers to exchange patient data across a secure network.

The Institute of Medicine of Chicago (IOMC) presented the Humanitarian Global Health Award to **Stephanie C. Wang, MD**, of Rush Medical College, at the IOMC 96th Annual Meeting and



Awards Dinner on June 8 (see related item below). As a recipient of the IOMC Humanitarian Global Health Award, Wang was

recognized for her exemplary qualities of global humanitarianism. Wang, an alumna of Rush Medical College and the medical director of Rush University Internists, became involved in international health aid early in her career. Since 2005, she has traveled to Peralta, a small town in central Dominican Republic, to provide health care in the area.

On June 8, four Rush faculty were inducted as fellows of the Institute of Medicine of Chicago (IOMC) during the IOMC's annual meeting and awards dinner. The IOMC is a forum of Chicago area health care leaders who collaborate to improve the health care system. At the same event, two faculty mem-

bers received major awards. The new IOMC fellows include the following:

- **Elizabeth Ann Carlson, PhD, RN**, associate professor, College of Nursing
- **Wrenetha Julion, PhD, MPH, RN**, associate professor, College of Nursing
- **Arlene Michaels Miller, PhD, RN**, professor and department chairperson, Department of Community, Systems and Mental Health Nursing
- **Clayton Thomason, JD, MDiv**, The Bishop Anderson Professor of Religion and Ethics in Medicine and chairperson, Department of Religion, Health and Human Values

The award recipients include the following:

- **Stephanie C. Wang, MD**, medical director of Rush University Internists — IOMC Humanitarian Global Health Award (see related item at left)
- **C. Anderson Hedberg, MD**, Hedberg & Associates — IOMC Lifetime Achievement Award

**Rush University Medical Center** was honored with the Illinois Interagency Committee on Employees with Disabilities (ICED) Business/Non-profit Organization of the Year Award. The ICED award, which was presented by Lieutenant Governor Sheila Simon in Springfield on May 11, is the top honor given by the state of Illinois in the area of accessibility and disability rights. ICED is a multi-agency committee, the principle mission of which is to improve access and opportunity for state employees with disabilities.

*You can read more People News on Inside Rush, located at <http://inside.rush.edu/News/Pages/RushPeopleNews.aspx>.*



# NEWSrounds

## TOWER'S ADVANCED TECHNOLOGY WILL OPTIMIZE PATIENT CARE

From the beginning, the Tower, Rush's new hospital building, has been designed to help Rush staff provide the best possible care for our patients. A key part of that focus is an array of leading-edge technology that will enable Rush clinicians to respond more quickly to patient needs, communicate more effectively with each other about patient care and have more timely access to patient medical information.

"A lot of the Tower's technology is focused on ways that we can bring the medical information that's needed right to the point of care, where caregivers can use it to make decisions about treatment," says Tony Perry, MD, clinical transformation officer.

### Call and Response

The Tower's technology also reflects Rush's commitment to centering everything we do around our patients. For example, the Tower's call system will make multiple services available to each patient at the touch of a button. The call system remote control device in each bed will have four different buttons for patients to use to request a nurse, pain relief, water and assistance using the bathroom. The system will route the first two requests to a nurse and the

latter requests go to a patient care technician (PCT). The current system uses the same button for all requests.

To make sure care providers respond quickly to patient needs, the call system signals will go directly to wireless phones that Tower nurses and PCTs will carry with them when they're on duty. If the call is not answered in a certain amount of time, the signal will be transferred to the next nurse or PCT on the call tree.

"The nurses also can give their phone numbers to a patient's family members so they can reach the nurse directly," says Eileen Dwyer, RN, MSN, director, Office of Transformation. "Or they can call the unit, and the unit clerk can route the call directly to the nurse. It allows our nurses to be much more responsive to patient concerns."

In some cases, other care providers also will carry call-system phones, enabling better and quicker coordination of communications between members of a patient's care team. In addition, nurses will be able to page residents and attendings to call them back directly on their phones, rather than the current practice of paging them to call a phone on the nursing station in the clinical unit.

### Face-to-Face in the OR

That emphasis on enhancing communication and collaboration between clinicians includes an audiovisual system linking all of the Tower's operating rooms, located on the fifth and seventh floors, and the main radiology reading room on the third floor. The system also will link to the pathology labs in the Jelke Building and an educational room in the Tower.

The system will allow physicians and other care providers at any of these locations to confer with each other in real time via high-definition video.

"It's a tool that makes it easier to hold consultations. We'll be able to show the pathologist's or radiologist's slide in high definition on the screen that's right over the operating table," says Gene Ward, director, clinical engineering. "If surgeons are trying to reconcile a radiologist's image with what they're seeing on the table, they can train a camera on the area they're operating on and show it to the radiologist while they go over the images together."

### Keeping Close Tabs

According to Perry, the Tower will be the first hospital in the United States to fully incorporate an advanced new patient monitoring system that will improve patient



Aminah Brazier, RN, supplemental staffing nurse, confers with a Rush colleague.

care. The wires from the sensors attached to a patient will lead to a portable monitoring device attached to the wall, which sends wireless signals to the screens displaying the patient's vital signs.

If the patient needs to be moved, the box, which has a display screen of its own, can be removed from the wall and travel with the patient, allowing for continuous monitoring at all points, including in transit. When the patient arrives at a destination, such as a new hospital room, the monitor can be plugged into the monitor mount and the system automatically will recognize the patient is in that location.

"Traditionally, there are gaps in monitoring when a patient moves from location to location or system to system. This system will provide us with a seamless monitoring capability for our patients," Perry says. "In addition, it will be easier for the patient to get up and move with this system, whether it's to use the bathroom or to go down the hallway for a walk."

"To the greatest extent possible, we've equipped the Tower to set up our clinicians for success," Perry says. "We've worked to give them the tools they need to best use their skills and make the best possible decisions about their patients' care." •

## RUSH UNIVERSITY CELEBRATES START OF 40<sup>TH</sup> YEAR, LOOKS TO THE FUTURE

Thomas Deutsch, MD, provost of Rush University, remembers that when he began his studies at Rush Medical College in 1975, the entire medical school had only two classrooms, which were remotely located on the 12th floor of the Jelke Building. Students paid 25 cents a day to park in a gravel lot on the southeast corner of Ashland Avenue and Harrison Street, where a hotel now stands.

"The faculty members were overwhelmingly clinicians who had

become excited about the idea of running a medical school. So even the preclinical part of the education was very clinically oriented," recalls Deutsch, who also is the Henry P. Russe, MD, Dean of Rush Medical College and senior vice president for medical affairs.

Founded in 1972, Rush University began its 40th year when classes started this September. During these past four decades — a relatively short amount of time in the realm of higher education —

the University has evolved from its humble beginnings into a highly regarded institution of health care education that's rapidly adding programs and students. For all the changes the University has undergone during this time, the clinical, hands-on focus that marked its early days remains the essential core of the Rush educational experience.

"As part of a leading academic medical center that treats very complex cases, Rush University has always provided students and new clinicians with outstanding opportunities to gain knowledge and skill by observing and taking part in health care as it's practiced," says Larry Goodman, MD, president of Rush University and Rush CEO. Goodman completed a residency in internal medicine and a fellowship in infectious disease at Rush. He previously was the dean of Rush Medical College and is the third president in the University's history, following James Campbell, MD (who served as president from 1972 to 1984), and Leo Henikoff, MD (president from 1984 to 2002).

### New Building, Programs Mark University's Growth

In 1976, the year after the College of Health Sciences was established, Rush opened the Armour Academic Center, providing the University with an entire building dedicated primarily to education that included lecture auditoriums and laboratories. "It changed the University's entire complexion. It uplifted our self-image as well as our outward image," Deutsch says.

The new building also included many of the offices for administrative staff and university services. Since becoming provost in 2004, Deutsch has stressed greater integration of student services, including the recent implementation of University-wide information systems for student services and electronic instruction. "The programs and colleges relate to each other much better than they ever did, and that's what makes this truly a university," Deutsch says.

In recent years, the University has grown considerably in both size and stature. Overall enrollment has increased 41 percent in seven years, with an all-time high of approximately 2,100 students currently attending the University. The 2012 edition of *U.S. News & World Report's* annual "America's Best Graduate Schools" survey ranked seven programs in the Rush University College of Nursing and three programs in the College of Health Sciences among the top 20 in the country, including seven programs that improved their rankings or were newly ranked among the best.

The University's growth has been fueled in part by the creation of new programs designed to address the increased and changing needs for health care workers, such as the physician assistant and respiratory therapy programs in the College of Health Sciences, and the Generalists Entry Master's degree program in the Rush University College of Nursing.

*Continued on page 2*



Rush University personnel in the mid-1970s.



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*Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.*

RUSH UNIVERSITY CELEBRATES START OF 40TH YEAR

*continued from page 1*

Education Stresses Real-Life Practice

New and old alike, the University’s programs still emphasize a clinical approach (i.e., bedside practice), drawing on the hands-on expertise of the faculty, who also treat Medical Center patients. “There are really great practical clinical experiences in the programs, and the faculty continue to be overwhelmingly practitioner-teachers, faculty members who practice what they teach,” Deutsch says.

That emphasis is one of the reasons Kevin Shinsako chose Rush for his education and training as a physician assistant. “The great majority of our core faculty are physician assistants, so there’s a genuine understanding of the field, of what the realities are of practice,” says Shinsako, who is in the second year of the Master of Science in Physician Assistant Studies program.

The University’s clinical emphasis will be enhanced by the opening of Rush’s new hospital this coming January, which will provide students with a state-of-the-art environment for their clinical rotations. “The doctors we work with are some of the top doctors in the country, and Rush has technology available that other hospitals don’t have,” says Natasha Gray, RN, an incoming student in the Master of Nursing Practice: Family Nurse Practitioner program.

Gray works at the Medical Center as a clinical nurse II, medicine. “Between getting my education at Rush and the experience I’m getting working here, I feel like I’ll be a force to be reckoned with,” she says.

As Deutsch looks to the future of the University, he sees health education both

undergoing great change and retaining its essential foundation. “The body of health care knowledge today is so great that no one can learn everything anymore,” Deutsch says. “A lot of the educational process now focuses on how to find information, rather than memorizing information.”

“But nothing changes the basic things that health care professionals need to learn: how the body works, what goes wrong and how to apply that understanding in a practical way to real-life situations. We’ve shown that Rush University provides an excellent environment and faculty for teaching these things, and I expect that aspect to always be a fundamental part of Rush University.”

University’s Origins Stretch Far Into Past

Rush University’s history goes back far more than 40 years. The University traces its origins to 1837, when Rush Medical College was granted a charter, and the Rush University College of Nursing is predated by the St. Luke’s Hospital Training School for Nurses and the Presbyterian Hospital School of Nursing, which were established in 1885 and 1903, respectively.

St. Luke’s and Presbyterian Hospitals, and their nursing schools, merged in 1956, and the resulting hospital and nursing school in turn merged with Rush Medical College in 1969, forming what is now known as Rush University Medical Center. Rush University itself began with less than 100 students in one college, the medical school, with the Rush College of Nursing and Allied Health Sciences (now the Rush University College of Nursing) opening in 1973. The College of Health Sciences and the Graduate College were established in 1975 and 1981, respectively.

*Rush Medical College students waiting to observe surgery, circa 1900.*



NEW CHIEF NURSE TALKS ABOUT QUALITY OF CARE, CONNECTION WITH PATIENTS

In May, Cynthia Barginere, DNP(c), RN, FACHE, joined Rush as chief nursing officer (CNO), vice president for clinical nursing and associate dean for practice for Rush University Medical Center and the Rush University College of Nursing. Barginere previously had served since 2006 as chief nursing officer and chief operating officer at Baptist Medical Center South, a 454-bed acute care regional tertiary referral center and teaching hospital in Montgomery, Ala. This hospital is the flagship facility of the Baptist Health System and an affiliate of University of Alabama at Birmingham (UAB) Hospital and Health System. Prior to this role, Barginere held progressively more responsible leadership positions during her 12-year tenure at the UAB Health System, including

four years as CNO and four years as vice president of operations of UAB Hospital. *NewsRounds* spoke to her about plans for the future of nursing, education and patient care at Rush.

**NewsRounds:** As chief nursing officer and vice president for clinical nursing, how do you envision your role of leading nursing at Rush?

**Barginere:** I think the responsibility of any chief nursing officer is to ensure the appropriateness of clinical practice for nurses across the organization. The overall goal is to make sure that the nursing care is of the highest quality so that patients receive the best possible care and achieve the highest possible outcomes. The nursing care here at Rush has a reputation for

being of the highest quality, given its three-time Magnet designation and shared governance model. My role, beyond ensuring the quality of the clinical practice, is to help the nursing service and the leadership team create a vision for Rush, so that we can maintain the Medical Center’s position in nursing and help to drive the future of nursing.

**NewsRounds:** Given health care reform and the nationwide shortage of nurses, how do you see the role of nursing evolving?

**Barginere:** Rush is in a unique position to lead nursing in general. Right now, one of the changes to health care across the country is the reduction in the number of patients in hospitals, especially in an acute care environment. Additionally, nurses are going to be needed in a lot more settings and in different types in the future, particularly advanced practice nurses. These changes are happening as we begin to focus on managing the health of a population versus just treating episodes of illness. I believe that in the future nursing will center on leveraging the skill set of nurses in these different settings, allowing them to function at the full extent of their licensure. There will be a spotlight on coordinating the care for patients across the continuum to decrease the need for hospital admissions.

We will have to create roles in the outpatient setting to support the patients who have chronic illnesses and help to prevent them from having to come into the hospital. More and more palliative care programs are being developed and designed. Nursing has a very significant role there, particularly advanced practice nurses in palliative care. But all nurses, whether they’re in an acute care setting or an outpatient setting, have a great opportunity to make a significant impact on the quality of care that patients receive.

**NewsRounds:** How will you be involved with helping the University meet the demand for nursing within health care?

**Barginere:** Rush has a very strong history around the teacher-practitioner model. I think there is a lot of opportunity for the acute care setting in particular to be an even stronger support for the College of Nursing in the development of the new nurse. It’s not just about giving them a site to practice and to do their clinical work. It’s about being a partner in that training process and having the nursing staff in the organization, whether they’re leaders or bedside nurses, be an active participant in the students’ learning and the training environment. There’s an opportunity here to strengthen that teacher-practitioner model going into the future.

**NewsRounds:** In the time that you’ve been here, what are your impressions of Rush related to learning and patient care?

**Barginere:** Most of my interactions so far have been in the hospital. But I’ve been exceedingly impressed with the quality, the level of professionalism and the engagement of the nursing staff. I find the nursing leadership to be of the highest quality, and they have the ability to lead a huge enterprise in such a graceful way. I’m also impressed by the level of respect that nursing has garnered from the rest of the organization. Every physician whom I’ve talked to speaks highly of the quality of the nursing service here. When I speak with the nursing staff, everybody talks about how collaborative they are with the medical staff. I believe that’s kind of the holy grail for nursing — that collaborative relationship with the physicians, along with the partnership and therapeutic relationship with the patient.

I think it’s very fitting that the Rush values are I CARE, I Connect, because that idea really is the essence of the nurse-patient relationship. Caring for patients and connecting with patients to create a therapeutic relationship and to optimize their health outcomes has always been what nursing has tried to accomplish across the board. Rush has created that, not only as a nursing value, but as an organizational value. ●



*Luzvinda Calo, RN, supplemental staffing nurse, talks with Cynthia Barginere, DNP(c), RN, FACHE.*



# Employee Awards

## SUMMER

Three times a year, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers, and exemplifying the I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the winners of Rush's summer employee awards, which were presented on July 28.

### CLINICAL EMPLOYEE OF THE QUARTER

**Eric Zack, RN**, a staff nurse in oncology who works the weekend night shift on 10 Kellogg, is dedicated to enabling himself and his co-workers to provide better care. In the almost 15 years since Zack joined oncology, he's obtained his master's degree and became a part of the Oncology Nursing Society's 2009-2010 Leadership Development Institute, a program designed to help oncology nurses meet the demands of their profession. Drawing on this training, Zack implemented the Schwartz Center Rounds program, during which health care providers discuss social and emotional issues related to caring for patients. This initiative is typical of Zack's desire to help his colleagues. "He supports the charge nurse, as well as every other nurse on the unit," says Paula Dillon, RN, MS, NEA-BC, director, Medical Surgical Nursing. "He is always looking to provide assistance."



### NON-CLINICAL EMPLOYEE OF THE QUARTER

Described as the backbone of her department, **Darlene Chatmon-Dudley** is the go-to person for all support needs in the Office of Nursing Research and Scholarship. As a grants specialist, Chatmon-Dudley was instrumental in helping the Rush University College of Nursing increase its National Institutes of Health funding. She was largely responsible for moving the office entirely to a web-based format for distributing information, making the College of Nursing the University's first college to complete this transition. "I have never seen a staff member with a greater desire to take on new challenges and push to reach her fullest potential," says JoEllen Wilbur, PhD, APN, professor and associate dean for research, Rush University College of Nursing. "She is willing to help anyone in any way she can and is known for maintaining a calm demeanor in the face of tight time frames."



### MANAGER OF THE QUARTER

As co-directors of Rush's Heart Failure, Heart Transplant and Mechanical Circulatory Support Program, **Jose C. Mendez, MD**, University Cardiologists, and **Barbara Pisani, DO**, attending, University Cardiologists, each have earned a reputation for excellence. Mendez's passionate work ethic extends beyond the day-to-day care of his patients. Often times, he's taken the lead in implementing new processes someone said "couldn't be done." Pisani's approach to patients epitomizes compassionate care. Co-workers describe seeing patients who were hostile, aggressive and combative become much calmer in Pisani's presence. "These two individuals truly reflect the Rush values and the team spirit," says Diane Martin, APRN, heart transplant coordinator.



Barbara Pisani, DO, and Jose C. Mendez, MD

### TEAM OF THE QUARTER

Staff in the **Physician Referral Services Department**, also known as the call center, are the first point of contact for many patients. They answer up to 1,000 calls a week, providing referrals to Rush physicians, registering callers for classes and events, and answering questions. For a growing number of practices, the coordinators also make appointments and respond to emails. When a complicated insurance issue arose, the team quickly became knowledgeable about the situation, and within two days, it was prepared for the calls that began coming in on a hotline for patient questions and concerns. "During what was an especially stressful circumstance, this group was committed individually and as a team," says Lori Allen, assistant vice president, marketing and communications. "They defused angry and upset callers. They returned an incredibly high number of calls in a timely fashion."



Seated, from left to right: Tammie Richardson, Helen Speights and Karen Clayton, MS. Standing, from left to right: Rosie Solis, James Black, Rosa Vargas, Stephanie Cole and Judy Ramos.

### CAROL STEGE AWARD for Environmental Services

**Tony Williams**, environmental services specialist, does his work on 7 Kellogg with energy and pride, making sure that his area is in the best possible shape. Not only does he perform his regular daily tasks, but he also takes on additional work, maintaining a regular schedule of stripping, waxing and buffing the unit floors. The floor of 7 Kellogg is home to many groups. Williams quickly became accustomed to the individual needs of each group and structured his routine to fit their requirements, working his schedule around their patients and availability. "Tony is not an environmental services specialist who works on 7 Kellogg," says Susan Hauptman, technical supervisor, Pediatric Pulmonary Function Lab. "He's a 7 Kellogg team member who works as an environmental service specialist."



### CAROL STEGE MEMORIAL AWARD for Medical Center Engineering

For the last three years, **David Clettenberg**, HVAC journeyman, Medical Center Engineering (MCE), has been servicing and maintaining the heating and cooling systems throughout Rush. Clettenberg enjoys his work, especially the people. Whether he's helping others or learning from his colleagues, his main goal is to make being at Rush a great experience for patients, visitors and employees. John Geisler, foreman, mechanical, MCE, acknowledges that Clettenberg is a great asset for engineering and the Medical Center. "David works hard and deserves to be recognized," he says.



### RUSH VALUES AWARD

During her time as a pharmacy technician in the inpatient pharmacy department, **Toni Sibby** has seen the department go through a lot of changes and has embraced them. Sibby often volunteers for additional training and is quick to help others. If she sees that something needs to be done, she simply does it. Sibby's ability to streamline her work, maximizing accuracy while minimizing time makes her a true asset to the department. "She deals with others, both in and out of the department, respectfully and with a cheerful disposition," says Erica Danos, PharmD, CGP, staff pharmacist. "She promotes excellence."



In the little more than a year that she has been the unit director of the medical intensive care unit (MICU), **Rachel Rush** has created a team environment that is taking the unit to new heights. Upon her arrival at the unit, she made a point of getting to know every nurse and patient care technician there. While her responsibilities have recently increased, prompting her to often work late into the evening, her door remains open to all. Under her driven and focused leadership, the unit is working to achieve the Beacon Award for Excellence, an award given by the American Association of Critical Care Nurses. "Her positive attitude is contagious," says Carrie Eickhoff, RN, clinical nurse II, MICU. "She is a standout manager, a great listener and is always open to new ideas. We appreciate all she has done to make the MICU a better place."



### PATIENT SATISFACTION "STAR"

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction "star" award. This quarter, five stars were honored: **Rebecca Allison, RN**, RN program coordinator, Rush University Pediatric Subspecialists; **Kimberly George**, child life specialist, Pediatric Dialysis Services; **Paul Manuyag, RN**, clinical nurse II, emergency department; **Jaime Sprengel, DPT**, supervisor, Outpatient Physical Therapy; and **Lindsay Stieber, RN**, clinical nurse II, neuroscience intensive care unit. Their patient evaluations included the following comments:

- "Rebecca Allison is the most remarkable, amazing and professional nurse who I have ever worked with in all these years. You should be proud to have her on staff."
- "We had asked for help to calm my son for his exam. Kimberly was wonderful. My son talked about how well everything went because of her."
- "Nurse Paul was really great, very caring, respectful, polite and very sensitive to my needs and did not rush me. He was excellent. Best nurse I ever came across!"
- "Jaime was amazing! I had been experiencing pain for two months, and in six days after working with her, I already have manageable pain and see considerable improvement. She's a wonderful physical therapist and a valuable addition to your therapy department."
- "Nurse Lindsay Stieber was right there at all times while I was in the ICU. She helped me through a very scary incident. A thousand thanks to Lindsey, who stood by my side the whole day and did everything possible to keep me alive."

(Left to right) Paul Manuyag, RN, Kimberly George and Rebecca Allison, RN. Not pictured: Jaime Sprengel, DPT, and Lindsay Stieber, RN.



If you would like to nominate someone for an employee award, please call ext. 2-5916.



# News Briefs

## RUSH VALVE CLINIC OPENS Offers Minimally Invasive Procedures For Otherwise Untreatable Valve Problems

Though valve disease occurs less frequently than other heart problems, it can be just as serious. Both main types — regurgitation, which occurs when a valve does not close properly, and stenosis, which occurs when a valve narrows too much to let enough blood through — often require surgery to repair or replace the faulty valve.

However, surgery isn't always an option. For example, many patients with calcific degenerative aortic stenosis — a buildup of plaque deposits that narrows the aortic valve — are older adults for whom open-heart

surgery might cause complications like stroke or pneumonia.

"As a result," says Clifford Kavinsky, MD, PhD, an interventional cardiologist at the Rush Valve Clinic, "up to 40 percent of these patients never have the chance to have a life-saving valve replacement."

To offer these and other patients the best and most advanced care available for diseases of the heart valves, a diverse team of cardiac specialists at Rush joined forces to open the Rush Valve Clinic. The clinic draws on the team's wide breadth of expertise in surgical and minimally invasive treatment

of diseases of the aortic, mitral and pulmonary valves.

Instead of having to schedule appointments with multiple specialists to determine the best treatment, patients at the clinic meet with a cardiologist, a surgeon and an imaging specialist — and get necessary testing — in a single visit. "It's much easier, emotionally and physically, for patients and their caregivers," Kavinsky says.

The specialists then combine their expertise to present the patient with an individualized treatment plan on the same day as the initial appointment. "With the expanding range of treatment options, it's more important than ever to make sure we tailor our approach to each individual patient," says Ziyad M. Hijazi, MD, an interventional cardiologist at the clinic.

The Rush Valve Clinic offers a wide range of treatments — from open surgery to balloon valvuloplasty (widening the valves by opening a balloon inserted using minimally invasive techniques) to innovative valve repair and replacement procedures — for the full spectrum of valve conditions.

When appropriate, treatment plans may include participation in clinical

trials of the latest procedures to treat valve disease. Such procedures, which can shorten recovery time and minimize the risks associated with open surgery, may offer life-saving options to patients who otherwise have none.

One trial is testing the effectiveness of a tiny clip to treat the failure of the mitral valve to close properly (mitral regurgitation). The clip holds the flaps of the mitral valve together to prevent leaking and is placed using a catheter.

Another trial is testing a new method of replacing the aortic valve via a thin catheter inserted through the chest or leg, which requires fewer risks and less recovery time

than traditional surgery. A third trial is testing the use of an artificial valve placed using a catheter to replace a dysfunctional valve between the right ventricle and the pulmonary artery. "This technology could save the lives of thousands of patients with valve disease," Hijazi says.

"Great advances are being made in treating valve disease," Hijazi says. "It's very gratifying that the Rush Valve Clinic can offer access to these potentially life-saving treatments to patients who otherwise might not have other options."

*For more information about the Rush Valve Clinic, or to refer a patient to the clinic, please call (312) 942-6800 or e-mail [michaeleen\\_wallig@rush.edu](mailto:michaeleen_wallig@rush.edu)*



(From left:) Rush Valve Clinic physicians Ziyad M. Hijazi, MD; Robert J. March, MD; and Clifford Kavinsky, MD, PhD, confer.

### Innovations in Research and Treatment for Valve Disease

Tuesday, Oct. 25, 6 to 8 p.m.

Armour Academic Center, Room 976

Aortic valve stenosis occurs when the heart's aortic valve narrows. This narrowing forces the heart to work harder to pump blood. Eventually, this extra work weakens the heart and, if left untreated, can lead to serious heart problems. Join physicians at the Rush Valve Clinic to learn more about research and treatment options for aortic valve stenosis. Space is limited, therefore registration is required. Please call (888) 352-RUSH (7874) to register for this program or for more information.

## IT'S NOT TOO EARLY TO ADOPT A FAMILY

The holidays are approaching, which makes now the perfect time to get involved with the Adopt-A-Family Program. For more than 25 years, Rush has helped to make the holiday season brighter for families and senior citizens in the surrounding communities. Last year, Rush employees adopted 115 families. This year the goal is to adopt 130 families. Help us meet our goal this holiday season. Please consider adopting a family by way of buying gifts, food, toys and/or clothing. If you're interested in participating, please call the Department of Community Affairs at ext. 2-5961 or email them at [community\\_affairs@rush.edu](mailto:community_affairs@rush.edu). The Adopt-A-Family program runs from Sept. 19 – Dec. 9. For more information about the program, please visit [www.rush.edu/adoptafamily](http://www.rush.edu/adoptafamily).

## RU CARING HELPS KIDS KICK OFF NEW SCHOOL YEAR

RU Caring, a Rush University student volunteer program, hosted its seventh annual Back to School Health Fair on Saturday, Aug. 6, at Whitney M. Young Magnet High School. Volunteers from Rush triaged 315 patients; performed a record 260 physical exams; examined, cleaned and applied fluoride and sealants to the teeth of more than 100 children; administered EKGs to 25 patients; provided numerous hearing screenings and immunizations; and distributed more than 400 backpacks filled with school supplies.

"It was an amazing day," says Sharon D. Gates, MA, senior director, multi-cultural affairs and community service for Rush University. "I'm grateful to everyone at Rush who donated school supplies for their generosity and for responding to RU Caring's call for assistance."

This is just one example of Rush's commitment to our community. Rush provided more than \$200 million in community benefits during the last fiscal year.

*For more information, please visit [www.rush.edu/cbr2011](http://www.rush.edu/cbr2011).*



*An RU Caring volunteer checks a young boy's blood pressure.*

## People News

### Appointments

Rush has appointed **Edie Chan,**



**MD,** as surgical director of the liver transplantation program. In this new role, Chan will be responsible for

clinical care and operational issues regarding the surgical treatment and follow-up care of liver transplant patients. She will be working with a team consisting of transplant experts from many disciplines, including partners in hepatology, transplant surgery, anesthesiology, critical care, nursing, infectious diseases and others. Chan will co-chair the Multidisciplinary Liver Transplant Quality Committee, which will address all aspects of liver transplant care at Rush. Chan is an assistant professor of surgery and associate

program director for the Rush general surgery residency program.

Rush appointed **Di Chen, MD, PhD,** as chairperson of the Department of Biochemistry. Prior to joining Rush in July, Chen was the dean's professor

in the Department of Orthopedics and Rehabilitation at the University of Rochester School of Medicine.

Rush appointed **Gene Ward** as director of clinical engineering services. Ward began his career with Rush in 2000 as a senior biomedical engineer. During his time at the Medical Center, he has held various positions, including supervisor, operating room technology support group, and most recently interim director of clinical engineering services.

### Kudos

**Maya Green, MD, MPH,** a resident in internal medicine and infectious diseases, was one of two clinicians awarded this year's Minority Clinical Fellowship Awards by the HIV Medicine Association (HIVMA). This award hopes to address the growing shortage of medical providers with the knowledge and expertise to care for HIV/AIDS patients, particularly those in hard-hit minority groups. Green received funding in July to support a year of dedicated HIV clinical training, mentoring and clinical support from an experienced medical professional in a clinic that serves large minority populations. HIVMA is the professional home for more than 4,600 physicians, scientists and other health care professionals dedicated to the field of HIV/AIDS.

**Kalipada Pahan, PhD,** The Floyd A. Davis, MD, Endowed Chair of Neurology and professor, departments

of neurological sciences, biochemistry and pharmacology, began serving a six-year term in July as a member of a National Institutes of Health grant reviewing committee for the Clinical Neuroimmunology and Brain Tumors Study Section, Center for Scientific Review. Members are selected based on demonstration of their competence and achievement in their scientific discipline as evidenced by their research, published work and other significant achievements, honors and awards.

The **Rush University Cancer Center** was selected to be included in *Healthcare Design Magazine's* "Architectural Showcase" issue, out this month. To learn more about this special issue and see photos of the Rush University Cancer Center, please visit [www.healthcaredesignmagazine.com/section/architectural-showcase](http://www.healthcaredesignmagazine.com/section/architectural-showcase).

*To read more People News, please visit [inside.rush.edu](http://inside.rush.edu).*

### Celebrate CASE MANAGEMENT WEEK OCT. 9-15

National Case Management Week recognizes the nurses, social workers, support staff and professionals involved in the practice of case management. To learn more, please contact [Ann\\_Johnson-Middleton@rush.edu](mailto:Ann_Johnson-Middleton@rush.edu) or (312) 942-8181.

### Mark your calendar RUSH BENEFITS FAIR NOV. 1-4

The annual Rush Benefits Fair will take place from 7:30 a.m. to 4 p.m., Tuesday to Thursday, Nov. 1-3, in the south dining room of the Rush cafeteria, and from 4 to 7 a.m., Friday, Nov. 4, outside the Au Bon Pain in the fourth floor lobby of the Atrium Building. Stop by the fair to learn more about the benefits available to Rush employees, including health, vision, dental and life insurance, and more.



# NEWSrounds

## WELCOMING ARRIVALS TO THE TOWER

First impressions are important. When the Tower, Rush's new hospital building, opens to the public over the weekend of Jan. 6 – 8, patients and visitors will arrive in a facility designed to enhance their experience from the moment they enter it. Here's a look at how they'll get into the Tower and what they'll find when they first arrive.

### Points of Entry

Patients and visitors will have three major entry points into the building, all open 24 hours a day, seven days a week. One of these entrances is the emergency room, located on the ground floor of the Congress Parkway side of the Tower.

The main entrance to the Tower is the Edward A. Brennan Entry Pavilion, located at 1620 W. Harrison Street. The three-story pavilion will provide Rush patients and visitors with a warm and inviting environment upon their arrival. After entering the pavilion, people will proceed to the Tower public elevators, which will take them to all levels of the Tower.

The entry pavilion will include way-finding signage to guide patients and visitors where to go to access the new hospital building. An information desk will be staffed with people from hospital guest relations during regular business hours to provide assistance and directions, with security staff members taking over after hours.

The spacious pavilion features comfortable seating areas, a centrally located reception area and a four-story terrarium. The terrarium is encased by a donor recognition display, paying tribute to the people who have helped make Rush what it is today.

"It's Rush's new front door," says Mike Mulroe, vice president, hospital operations. "We hope people will feel welcomed and

comfortable here from their very first contact with our campus."

The third access point for the public into the Tower is from the parking garage via the Atrium Building. When leaving the garage, visitors will cross the bridge to the Atrium, then, if going to the Tower, will turn right (east) and walk through a glass-enclosed fourth floor walkway into the Tower. The fourth floor at Rush will continue to be the main route for people to move from building to building. It will be known as the "fourth floor main street," a name that will be visible in the directional signs along the corridor loop that connects the Atrium Building, Armour Academic Center and the parking garage.

### Visitor Information

In addition to the information desk in the Edward A. Brennan Entry Pavilion, the Tower will include a second location on the fourth floor. "There also will be guest relations personnel stationed at the three Smith Family Lounge desks (on the fourth, fifth and seventh floors), who will assist families and other visitors who are waiting to see patients who are undergoing surgery or other procedures," says Terence Maynard, director, Hospital Guest Relations Department.

### Art to Please Body, Mind and Soul

When arriving in the Tower, visitors will notice art displayed throughout the entry pavilion and on the fourth floor. Rush's Art Advisory Group worked with H. Marion Art

Consulting Services, a Chicago-area firm that specializes in art installation for health care facilities, to choose art that pays tribute to Rush and the community while optimizing the patient and family experience through artistic expression.

"The initial impression will begin in the Brennan pavilion, where you'll see a photograph of the Chicago skyline and a back shot of the Tower," explains Diane McKeever, senior vice president for philanthropy. According to McKeever, the selection and placement of the art is centered around Rush's place in Chicago and in the Midwest: "We've incorporated art and photography highlighting Rush's history and also have tried to honor the multicultural environment of Rush, its community and Chicago overall," she says.

### Fourth Floor Patient Amenities

Like the Atrium Building, the Tower's fourth floor is the central hub to welcome our patients and visitors. Patients may register at the fourth floor admitting desk and check the visitor information desk if they need further assistance within the hospital. They'll find a number of amenities available to them on the floor.

The fourth floor includes Rush's interventional services, and friends and family members can wait for patients undergoing procedures in the Smith Family Lounge. Similar in purpose to the Smith Family Lounge located in the Atrium Building, this large space is divided by a set of glass doors. One side will be livelier, with televisions and a children's play area. The other side is quieter, offering a calming environment



*A construction crew finalizes work on the four-story terrarium in the Edward A. Brennan Entry Pavilion.*

for family members who may prefer this area as they make plans for the care of their loved ones.

A key feature of the fourth floor is the Shirley and Richard Jaffee Family Garden, a unique feature for Rush. Open to the public, the garden was created with patients and visitors specifically in mind, allowing them to go outside and enjoy the fresh air.

There will also be a quiet space located indoors on the walkway along the north side of the rooftop garden. The area deliberately is positioned in a low-traffic area away from the hustle and bustle of the center of the fourth floor, and it has comfortable furniture so that family members can enjoy privacy in the Tower. In addition, the fourth floor will house the new Naomi Borwell Woman's Board Gift Shop, replacing the location on the fourth floor of the Atrium Building, which will be converted to a meditation room.

Another fourth floor amenity available to patients and families will be a resource center where patients, their families and members of the community can access information, referrals and support. The center will

be staffed by a social worker who will assist patients by providing information on Rush services and helping them navigate other resources within the community that are specific to their needs. Brochures and patient education materials will be stocked, and computer stations will be available. Robyn Golden, LCSW, director of Rush's older adult programs, oversaw the creation of the resource center along with Anne Millheiser, MSW, LCSW, coordinator, resource center, who will be coordinating and staffing the center. The center will be open Monday through Friday from 9 a.m. to 5 p.m.

The goal of all these features is to help people feel at home upon arriving in the Tower, despite its size and scope. "I hope that people will feel they've entered a very medically sophisticated place," Mulroe says. "Yet I also hope they will feel a high degree of comfort and personalized attention as they experience Rush's services and people during their visit or their hospital stay."

*Learn more about the Tower and the Rush Transformation by visiting <http://transforming.rush.edu>.* •

## THONAR AWARD WINNER HAS SEEN DISABILITY FROM BOTH SIDES

Maria Brown, DO, was an advocate for people with disabilities long before she became one herself. As a teenager growing up on Chicago's South Side in the early 1970s, she befriended a group of young adults with disabilities who were involved in protests for greater access to public transportation.

Brown, assistant professor of family medicine and attending physician, Rush University Family Physicians, has remained passionately committed to the rights and needs of people with disabilities to this day. In the 1990s, she helped found the Association of the Horizon, which raises funds for a camp for adults with muscular dystrophy. Since

2002, she has been the attending physician for Misericordia, a home for more than 600 children and adults with developmental and physical disabilities on Chicago's far North Side.

Brown also has made an impact on the understanding of disability at Rush. She arranges for people with disabilities to speak to Rush Medical College students during the first week orientation and the mandatory third-year family medicine clerkship. She also serves on Rush's Adults with Intellectual and Developmental Disabilities Committee.

Brown is personally familiar with disability. As an adult, she developed a degenerative spine condition, and she uses a walker to

assist with her mobility. Nonetheless, she maintains a busy schedule, arriving for morning rounds at 5:30 a.m. in order to complete them before moving on to her many other duties — which also include serving as volunteer medical director of Pilsen Homeless Services, a shelter near Rush.

In recognition of her many contributions, Brown was chosen to be this year's recipient of Rush's Eugene J.-M.A. Thonar, PhD, award. Named for an internationally known Rush professor of biochemistry and orthopedic surgery, the award is given annually to a Rush employee, faculty member, student or volunteer whose efforts further Rush's commitment to accessibility and to providing professional and educational opportunities to people with disabilities.

Marking the 20th anniversary of this honor, Larry Goodman, MD, Rush CEO, presented Brown with the award in a ceremony held Oct. 20 in the Searle Conference Center of the Professional Building.

Brown, who came to Rush in 1994 after working for a community health center in the Humboldt Park neighborhood, spoke with *NewsRounds* about her lifelong involvement with disability issues and being a member of what she describes as "a minority group you can join at any time."

**NewsRounds:** How did you become involved with the disability movement?

**Brown:** I was an average teenager who became acquainted with some disabled young adults. They were



*Maria Brown, DO*

activists blocking buses in the early '70s to get access to buses. I was just this kid who would push your wheelchair, drive your van. We got kicked out of everywhere — Ravinia, the beach. If we went to the movies, we were a fire hazard. Back then it was a really radical act to go out to dinner.

*continued on page 2*



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 **RUSH**  
*Rush is a not-for-profit health care, education and  
research enterprise comprising Rush University  
Medical Center, Rush University, Rush Oak Park  
Hospital and Rush Health.*

THONAR AWARD WINNER

*continued from page 1*

It made me aware of a lot of issues. If I am a good physician, I would attribute it to these experiences.

**NewsRounds:** Why did you become a physician?

**Brown:** I always wanted to be a doctor. Our family doctor was a big influence on me growing up. I liked the idea of serving whoever came in. In family medicine, we call it the concept of the undifferentiated patient. You don't have to be a certain age or have a certain condition. I liked treating patients through the life cycle, and I like treating families.

**NewsRounds:** Can you talk a little about your involvement with Association of Horizon?

**Brown:** After the Muscular Dystrophy Association stopped funding camps for adults in 1992, we formed Association of Horizon, which is a nonprofit organization, and raised funds for a weeklong camp for 100 to 150 people with disabilities. They're mainly mobility disabilities and some developmental disabilities. Adults with disabilities have the least amount of services, and for many people, this is their only vacation. We've also brought a lot of Rush students and residents up there.

**NewsRounds:** What about your work as attending physician at Misericordia?

**Brown:** Rush has a more than 40-year association with Misericordia that began with the late Rush pediatricians Roseanne Proteau, MD, and Richard Belkengren, MD. Many Rush specialists work with Misericordia. There's a long and fruitful association, I'm just a small part of it. It's an association that Misericordia truly treasures. They feel their clients are treated with respect and dignity.

**NewsRounds:** Can you talk about your own disability?

**Brown:** My physical abilities have changed over time, as many people's do. Disability is a minority group that you can join at any time. No matter how able-bodied you are, it's a temporary condition. You're either going to die young, or you'll have some change in your physical abilities.

All these years of being part of protests blocking buses and demanding lifts, I never thought it would be me. Whenever I go over a curb cut or get on a bus, I'm very happy that all the people who came before me got these things in order.

**NewsRounds:** How do you manage all the things you do along with your disability?

**Brown:** You have to be extremely aware of how long things take. I still do things that I used to do. I just may not get there as quickly. You deal with it with exercise, medication. If it's not cancer or your heart, you don't complain about it.

I'm very grateful for all the opportunities I have. I haven't had an alarm clock since my third year of medical school, and I'm never late. I think it means I'm enjoying life. If you love what you do, you find the energy to do it. You have to do what you enjoy. I tell the medical students, don't pick your specialty based on prestige or economic concerns.

**NewsRounds:** What is your vision of what you would do for Rush as far as helping people with disabilities?

**Brown:** I hope that just as Rush included universal design to accommodate people with disabilities in the new hospital building, that we include the principle of access and support for people with universal design in our hearts and in our spirits and our actions. •

*Read more about "How Accessibility Should Be" at [Rushinperson.rush.edu](http://Rushinperson.rush.edu)*

CORRECTION

In the September issue of *NewsRounds*, "The New Tower Floor-By-Floor" story on page three incorrectly stated that patients and visitors could obtain information about treatment options at the fourth floor resource center. *NewsRounds* regrets the error.

TECHNOLOGY TRANSFER HELPS RUSH RESEARCH IMPROVE PATIENT CARE

Rush's mission to provide the best possible care for patients includes a dynamic and growing research program that is helping pave the way to improved medical treatments. As part of this effort, Rush sometimes partners with businesses that can turn the discoveries of researchers at Rush into viable medical products. This process, which is common to research universities, is known as technology transfer.

"The ultimate goal of technology transfer is to get our research to the point where it's turned into a product that can be used to help patients," says Matt Raymond, director of Rush's Intellectual Property Office.

Through this process, Rush research has become increasingly valuable in treating patients. During the fiscal year that ended June 30, Rush received \$5 million in fees for licensing the use of research discoveries, the largest annual amount in Rush's history.

The extent of the Medical Center's research activities in general also is growing. During the fiscal year that ended June 30, researchers at Rush received more than \$75 million in research funding, including more than \$58 million in prestigious National Institutes of Health (NIH) funding, compared to \$55 million, including \$40 million from the NIH, in fiscal year 2007.

"We have very talented, intelligent researchers," Raymond says. "They see a problem, and if no satisfactory solution exists, they come up with a solution on their own."

As at most research universities, Rush has the first right of ownership to inventions and discoveries that were developed using Rush resources,

including funds and facilities, and/or as part of a researcher's responsibilities as a Rush employee. If the technology is licensed, the first \$5,000 goes to the researcher, and the rest is split evenly between the researcher and Rush, which uses the funds for research and education.

The Intellectual Property Office acts as a conduit between Rush and the external business world, developing relationships both within and outside the Medical Center. The businesses that partner with Rush in technology transfer are entirely

responsible for the process of developing the discovery into a product, obtaining regulatory approval of it and bringing it to market.

"Technology transfer keeps us out of that for-profit sector by creating an arm's length relationship between the academic institution and the for-profit company," says Raymond, who notes that it can take years, sometimes even decades, for technology transfer to reach fruition.

For example, research conducted at Rush in the 1960s proved the clinical benefit of dalfampridine in

treating multiple sclerosis (MS). At the beginning of last year, the U.S. Food and Drug Administration approved the use of dalfampridine, which improves impairments in walking and other MS symptoms.

Research that took place at Rush in the 1990s has led to the development of a spermicide, now in phase III clinical trials, that also has antiviral properties, making it potentially effective as both a form of birth control and a way of preventing infection by sexually transmitted diseases, particularly HIV/AIDS.

More recent promising Rush research that's been licensed includes a line of natural killer cells that is in early stage development as a cancer treatment, and a potential treatment for high cholesterol that uses the body's natural biochemistry, reducing the side effects of current medications.

"We're out on the leading edge for a considerable amount of our research here at Rush, and we are building more and more skill at identifying problems and solutions to them," Raymond says. •

GENETIC DIAGNOSIS AND PLIABLE SHOES  
Technology Transfer Takes Many Forms

Many different kinds of research at Rush have technology transfer potential, and the products that result from this transfer can take many different forms. Here's a look at two of them.

Melody Cobleigh, MD, the Maria Albanese Professor of Medicine and director of the Section of Medical Oncology, contributed to a test to determine the likelihood that chemotherapy will be effective in a certain type of breast cancer patient. "Chemotherapy helps five out of 100 patients, but doctors didn't know which five, so they gave it to everyone," she says.

Drawing on 30 years of records of treating breast cancer patients at Rush, Cobleigh identified patients who had survived for a long time after their breast cancer had spread to 10 or more lymph nodes. "It was the worst possible group you could be in without having metastatic breast cancer, and some of them were still walking in the door 10 or 15 years later," she says.

Cobleigh examined tissue samples from these patients to see if they contained any of a set of about 50 genes chosen by researchers at

Genomic Health, Inc., a company in Redwood City, Calif., that uses genetic screenings to diagnose disease. "We were able to identify a gene that predicted a very, very good long-term outcome," she says.

The test was commercialized in the mid-2000s and now is in widespread use around the world. "We're giving chemo to the small percentage of patients who need it, and sparing the others a lot of pain and suffering," Cobleigh says.

Najia Shakoor, MD, attending physician, Section of Rheumatology, has created designs for shoes that reduce the load (force) on the knee. While researching orthopedic shoes, Shakoor discovered that walking barefoot was associated with lower loads on the knee compared to supportive shoes.

"We designed footwear to mimic the advantages that come from being barefoot," Shakoor says. The shoe has a minimal heel and cuts placed in the sole so that it bends with the foot to allow natural foot mobility.

Using shoes made by the company that has received the license for the designs, Shakoor



*Najia Shakoor, MD, shows off a pair of the flexible shoes she designed.*

already has determined that the shoe puts far less load on the knee compared to regular shoes. Now she's conducting a randomized control trial to see if it reduces the progression of osteoarthritis in the knee and has any side effects, such as hurting the feet.

If the shoes are found to be safe and effective, they could provide relief for the more than 20 million people in the U.S. who suffer from knee osteoarthritis, a number that is growing as the population ages. •



# VOLUNTEER TOUR GUIDES OFFER GLIMPSE OF RUSH’S NEW HOSPITAL

Beginning in October, employees began to get a look inside of the Tower, Rush’s new state-of-the-art hospital, thanks to approximately 190 employee Tower tour guides. They are volunteering their time to help colleagues become oriented with the new hospital and get familiarized with the space, according to Samantha Franco, employee and organizational development consultant, human resources.

“As representatives for the new hospital, the Tower tour guides will help colleagues understand the Tower’s features and how they will improve patient care,” Franco says.

Tower tour guides were nominated by their managers based on their knowledge of their own departments. The volunteers largely are providing tours for colleagues in their respective departments. In addition, tours will be provided to the media, vendors and other outside groups.

The tours, which last approximately one hour each, will continue until the new hospital opens the weekend of Jan. 6-8. Tower tour guides — who are trained through online learning lessons and a three-hour session that

includes practice tours — have three main roles: acting as a building “champion,” playing the role of safety officer during the tour and staying current on new hospital developments.

As a building champion, volunteers help others understand how the Tower and everything in it will put patient care at the center of all that Rush does. “Leading-edge technology, greater opportunities for collaboration, sustainable design, and amenities that create a welcoming and supportive environment will help Rush provide the best quality care for our patients,” Franco says.

Tour guides are also responsible for safety during the tours of the building, where construction continues. It’s up to the guides to make sure visitors follow safety measures, such as wearing proper clothing, and adhere to certain rules, such as not touching tools or equipment.

A strong understanding of the hospital and its features allows guides to provide insightful tours, which includes four main stops. Visitors start at the ground floor, beginning with the Edward A. Brennan Entry

Pavilion, the front door of the new hospital. From there, they go on to see the new emergency department, the Robert R. McCormick Foundation Center for Advanced Emergency Response, which will provide an unprecedented level of readiness for large-scale health emergencies, such as a mass outbreak or a terrorist attack.

Tours then head to the fourth floor, which houses one of the three consecutive floors of the interventional platform, along with a resource center for patients, a children’s play area and an outdoor garden that will be for patients, families and visitors. On the 12th floor, visitors get a glimpse of patient rooms and some of the work stations that will be used by nurses and physicians. Along the way, Tower tour guides point out safety resources: fire doors, eye-wash stations and other such features located throughout the building.

Volunteers stay current on information regarding the Tower and encourage others to do the same through various resources, such as the Transformation website



From left to right: Samantha Franco, employee and organizational development consultant, leads a tour in the Edward A. Brennan Entry Pavilion with Priya Patel, project coordinator, human resources, and Cari Kornblit, Web editor, marketing and communications.

(<http://transforming.rush.edu>), the Transformation training intranet site (<http://inside.rush.edu/transformation>) and *NewsRounds*.

In addition to going on a tour, employees can get an overview of the Tower by visiting <http://inside.rush.edu/transformation>.

“New video is updated on the site monthly,” Franco says, “It’s a great way to see what’s going on in the new hospital until the building opens or you receive a tour from

one of the volunteers, who are setting an excellent example of I CARE I Connect values by taking time to help inform their colleagues and creating a more welcoming environment at Rush.”

You can sign up for a tour by seeking out the designated Tower tour guide in your department, if there is one, or by contacting human resources. For more information, contact Samantha Franco at [samantha\\_franco@rush.edu](mailto:samantha_franco@rush.edu). •

## People News

### Appointments

**Konstantinos Arfanakis, PhD**, has been appointed associate professor in the Department of Diagnostic Radiology and Nuclear Medicine.

**Harel Deutsch, MD**, has been promoted from assistant professor to associate professor in the Department of Neurosurgery.

**Deborah Gardiner, BSN, MS**, operations and service line administrator for Rush’s Women’s and Children’s Hospital, is the interim assistant vice president for Hospital Operations and director of Rush Children’s Hospital.

**Meenakshi Jolly, MD, MS**, director, Rush Lupus Clinic, associate fellowship program director, Section of Rheumatology, Department of Internal Medicine, and associate professor, Department of Behavioral Medicine, has been promoted to associate professor of internal medicine.

**Kousik Krishnan, MD**, Section of Cardiology, director, Clinical Cardiac Electrophysiology Fellowship Program, has been promoted to associate professor in the Department of Internal Medicine and the Department of Pediatrics.

**John O’Toole, MD, MS**, has been promoted from assistant professor to associate professor in the Department of Neurosurgery.

**Shyam Prabhakaran, MD, MS**, head of the Section of Cerebrovascular Disease and Neurocritical Care, has been promoted to associate professor in the Department of Neurosciences.

Rush has appointed **Jaishankar Raman, MD, PhD**, as chief of the Section of Adult Cardiac Surgery, surgical director, Heart Transplant Program, and professor of surgery. A renowned clinician and researcher, Raman comes to Rush from the University of Chicago Medical Center, where he has been since 2002, the past three years as professor of surgery and cardiothoracic surgery and director of adult cardiac surgery.

Rush University appointed **Gayle B. Ward, JD**, as associate provost



for student affairs. In this senior management role, Ward will oversee the daily operations and policies of the University Student Services Office, including admissions, financial aid, counseling, student affairs, registrar, international services and disability. Prior to joining the University in September, Ward was the dean of student services at Richard J. Daley College.

**Nikhil Verma, MD**, Midwest Orthopaedics at Rush, has been promoted to associate professor in the Department of Orthopedics.

**Annabelle Santos Volgman, MD, FACC**, medical director, Rush Heart Center for Women, has been promoted to professor in the Department of Internal Medicine.

Rush appointed **Steve Wightkin** as assistant vice president, corporate core business, research and education systems. Wightkin has been with Rush since 2002 and is one of the principal forces behind the Medical Center’s successful Epic implementation. He also serves as an instructor for Rush’s Health Systems Management program.

### Kudos

The Gerontological Society of America (GSA), the nation’s largest interdisciplinary organization devoted to the field of aging, has chosen **XinQi Dong, MD, MPH**, associate



director, Institute for Healthy Aging, and associate professor of medicine, behavioral sciences and nursing, as the 2011 recipient of the Maxwell A. Pollack Award for Productive Aging. This honor, given annually, recognizes practice informed by research and analysis; research that directly improved policy or practice; and distinction in bridging the worlds of research and practice. The award presentation will take place at GSA’s

64th annual scientific meeting, which will be held Nov. 18-22 in Boston.

**Carol J. Farran, DNSc, RN, FAAN**, professor and the Nurses Alumni Association Chair in Health and Aging, College of Nursing, and **Robyn Golden, MA, LCSW**, director of Rush’s older adult programs, received the 2011 Rosalynn Carter Leadership in Caregiving Award for the Rush University Medical Center Community Caregiving Outcomes Alliance. The award recognizes leadership in implementing innovative partnerships between community agencies and caregiving researchers that bridge the gap between science and practice. They received the award during the 2011 Gala Awards Banquet in Americus, Ga., on Oct. 6.

The American Society of Quality (ASQ) selected **Jason Kane, MD**,



attending physician, pediatric critical care, as one of its New Voices of Quality for 2011. Kane, whose quality expertise includes Six Sigma black belt certification, will be showcased as one of today’s best and brightest young quality leaders in an article in *Quality Progress*, ASQ’s flagship publication. He was one of 40 individuals selected from a national pool of peer-nominated candidates. With more than 80,000 individual and organizational members in 150 countries, ASQ is a professional

association that advances the professional development, credentials, knowledge and information services of its membership.

**Andres Kanner, MD**, Rush Epilepsy Center, received the Ambassador for Epilepsy Award from the International Bureau for Epilepsy (IBE) and the International League Against Epilepsy (ILAE) in August during the 29th International Epilepsy Congress in Rome. Kanner received this award for his outstanding achievement in the international struggle against epilepsy. On Nov. 11, Kanner also received the Medical Service Award from the Epilepsy Foundation of Chicago, the local chapter of the Epilepsy Foundation of America. This is the national voluntary agency dedicated solely to the welfare of the almost three million people with epilepsy in the United States and their families.

**Shaheja Sitafalwalla, MPH**, a third-year Rush medical student, is a board member of Physicians for Human Rights (PHR), an independent organization founded in 1986 that seeks to prevent mass atrocities and severe human rights violations. She began working with PHR in 2008 as a student program intern and went on to serve as the organization’s Midwest training and education coordinator and as a member of its National Student Advisory Board. •

To read more People News, please visit [inside.rush.edu](http://inside.rush.edu).



# News Briefs

## Cancer Survivors' Day Helps Patients Enhance Quality of Life



Janine Gauthier, PhD, and Charlie Lustman

Rush cancer patients celebrated life and learned about ways to enhance it while battling their disease during the Medical Center's annual Cancer Survivors' Day gathering, held Sept. 11 in the Searle Conference Center.

"It was about celebrating their life and all that they've been through, from diagnosis through treatment and into survivorship. The reality is that more and more people are living with this illness and living much longer, and Cancer Survivors' Day is a way of honoring that reality," says Janine Gauthier, director of the Cancer Integrative Medicine Program at Rush, who was the chair of this year's event.

The Cancer Integrative Medicine Program offers a range of cancer therapies to complement patients' medical treatment, including acupuncture, counseling, massage therapy, meditation, nutrition counseling, yoga and more. "If their quality of life improves, they may not be as emotionally distressed, which in combination with their medical treatment may help them live longer. We know that stress can contribute to the development of illness or compromising of the immune system," Gauthier says.

Nearly 250 cancer survivors and members of their families attended the free event, a decades-long tradition at Rush. The cancer survivors — defined as anyone who is living with cancer, whether they've just been diagnosed with the disease or have been in remission for years — included patients young and old with various types and stages of cancer.

The keynote speaker was Charlie Lustman, a singer and musician who lost his jaw to osteosarcoma of the upper maxilla, a rare form of bone cancer. Lustman, who now has a prosthetic mouth piece supporting his jaw, continues to sing while touring nationwide to speak about his experience, which is the basis of the operetta he's written.

Following the keynote address, participants were able to take part in a variety of activities, including receiving massages, a line dance lesson, a nutrition workshop and a presentation about the use of wigs for those who have lost their hair due to chemotherapy. "These are things that folks living with cancer can do to take care of themselves to thrive in the face of their illness," Gauthier says.

For more information about the Cancer Integrative Medicine Program at Rush, please visit [www.rush.edu](http://www.rush.edu) or call (888) 352-RUSH (7874).

## SAVE THE DATE

for the 2012 holiday party

This year's party takes place on Friday, Dec. 16. Breakfast will be served from 6:30 to 9:30 a.m. Lunch/dinner will be served from 10:30 a.m. to 6:30 p.m. Stay tuned for more details.

## TOWER OPEN HOUSE, DEC. 9

All Rush employees, faculty members and students are invited to see the Tower for themselves during an open house on Friday, Dec. 9., from 6 a.m. to 5 p.m. Members of the Rush community also are invited to bring their families to a Tower sneak peek tour on Saturday, Dec. 10, from 9 a.m. to 5 p.m. The annual staff holiday party in the Rush cafeteria, 2nd floor, Armour Academic Center, on Friday, Dec. 16 also will celebrate the completion of the Tower and your efforts to help Rush reach this key point in our history.

A committee representing areas from throughout Rush is planning the Dec. 9 event to best celebrate our Rush community and reflect our I CARE values. If you have questions or suggestions about the open house, please contact Anne Burgeson, director of internal communications, at ext. 2-5582 or Lisa Aaronson, senior director of development communications and events, at ext. 2-3654. Or send questions or comments about the Transformation to [facilities\\_questions@rush.edu](mailto:facilities_questions@rush.edu).

For more information, please go to [inside.rush.edu/transformation](http://inside.rush.edu/transformation) and [transforming.rush.edu](http://transforming.rush.edu).



## BECOME A RUSH FAN

From Facebook to Twitter, from YouTube to the Rush blogs, you can stay connected to Rush University Medical Center by tapping into its many social media outlets. It's really easy.

To become a fan or follower of Rush, all you have to do is sign up at the following sites:

- Facebook: [www.facebook.com/RushUniversityMedicalCenter](http://www.facebook.com/RushUniversityMedicalCenter) and [www.facebook.com/RushUniversity](http://www.facebook.com/RushUniversity)
- Twitter: [twitter.com/RushMedical](http://twitter.com/RushMedical)
- YouTube: [www.youtube.com/rushmedicalcenter](http://www.youtube.com/rushmedicalcenter)
- Rush News Blog: [rushnews.rush.edu](http://rushnews.rush.edu)
- Rush InPerson blog: [rushinperson.rush.edu](http://rushinperson.rush.edu)

If you'd like to contribute to the Rush InPerson blog or have ideas or suggestions, please contact Thurston Hatcher at [Thurston\\_hatcher@rush.edu](mailto:Thurston_hatcher@rush.edu).



## There's still time to Adopt-a-Family for the holidays

The holidays are almost here, which makes it the perfect time to get involved with the Adopt-a-Family Program. For more than 25 years, Rush has helped to make the holiday season brighter for families and senior citizens in the surrounding communities. Last year, Rush employees adopted 115 families. This year we hope to adopt 130 families. Help us meet our goal this holiday season. Please consider adopting a family by way of buying gifts, food, toys and/or clothing. If you're interested in participating, call the Department of Community Affairs at ext. 2-5961 or email them at [community\\_affairs@rush.edu](mailto:community_affairs@rush.edu). The Adopt-a-Family program runs from Sept. 19 – Dec. 9. For more information about the program, please visit [www.rush.edu/adoptafamily](http://www.rush.edu/adoptafamily).

## Rush's Annual United Way Campaign

kicks off November 18

Be sure to complete your pledge card to participate in daily drawings from November 18 through December 2.

**HOW TO LIVE UNITED:**  
**JOIN HANDS.**  
OPEN YOUR HEART.  
**LEND YOUR MUSCLE.**  
**FIND YOUR VOICE.**  
**GIVE 10% GIVE 100%**  
**GIVE 110%**  
**GIVE AN HOUR.**  
**GIVE A SATURDAY.**  
THINK OF WE BEFORE ME.  
REACH OUT A HAND TO ONE AND  
**INFLUENCE**  
THE CONDITION OF ALL.

GIVE. ADVOCATE. VOLUNTEER.  
**LIVE UNITED.**



## THE INTERVENTIONAL PLATFORM – *Enhancing Patient Care and the Patient Experience*

The Tower, Rush's new hospital building, not only will provide patients with a new, comfortable and attractive facility — it also will enable a new, improved way of providing patient care. Rush will be one of only three medical centers in the country to incorporate a cutting-edge concept called an interventional platform, which puts all the waiting, procedure and short-term recovery areas for patients receiving inpatient and outpatient interventional services within short distances of each other.

"The interventional platform combines Rush's commitment to providing the highest quality care with an excellent patient experience," says David Ansell, MD, chief medical officer. "We're proud that Rush will join an elite group of hospitals that are providing this patient-focused approach."

Interventional services include both invasive and noninvasive surgical and diagnostic procedures that involve a medical instrument entering the human body. At Rush, all of these procedures will take place in the interventional platform, which will occupy floors four,

five and seven of the Tower and the adjoining fifth floor of the Atrium Building.

The fourth floor of the Tower will be home to 13 procedure rooms dedicated to minimally invasive procedures, which use a catheter inserted through a small incision and threaded through the blood vessels, guided by state-of-the-art imaging equipment. These procedures encompass such subspecialty areas as interventional cardiology (heart, vein and artery procedures), electrophysiology (assessment of abnormal heart rates or rhythms), interventional radiology (general interventional procedures) and neuroendovascular care (treatment of blood vessels in the brain). There also will continue to be operating rooms on the fifth floor of the Atrium Building to accommodate more outpatient procedures.

### Greater Efficiency and Collaboration

The fifth and seventh floors each will house 14 operating rooms (ORs) for surgeries ranging from hernia repair to organ transplant to brain surgery. "By placing interventional procedure rooms on a floor directly below our operating rooms, if an unexpected complication arises during an

interventional procedure, we can move the patient directly to an operating room and complete the procedure, rather than postpone it and start all over again later," says Ken Tuman, MD, chairperson, Department of Anesthesiology, and medical director of perioperative services. "If the patient has been made unconscious for the procedure, they don't have to wake up and go through it all again another day."

The fifth floor also will include a hybrid OR that can accommodate both surgical and interventional procedures, allowing clinicians to provide a full spectrum of imaging and intervention without having to move the patient.

In keeping with Rush's commitment to standardization throughout the Tower to promote greater patient safety and more efficient care, the layout of the two OR floors are nearly identical. "Monitors are standardized, and floors are very similar in layout," Tuman says. "The more standardization health care providers have the better it is, especially when we need to react quickly to a situation."

The Tower operating rooms also are larger than the Atrium ORs to accommodate equipment for



Scott Sonnenschein, vice president, hospital operations, gives a presentation of one of the interventional platform's operating rooms to physicians at Rush during a recent tour of the Tower.

current and future advanced techniques, such as intraoperative imaging, micro-surgery and robotics, as well as the larger numbers of clinical personnel needed for the most complex procedures. An audio-visual system will connect all the ORs to each other and to other departments at Rush, enabling greater collaboration to improve patient care.

"If the surgical team encounters something unexpected, physicians inside and outside the OR will be able to look at medical images together and consult in real time during procedures," says Demetrius Lopes, MD, director of cerebrovascular surgery.

Placing minimally invasive and surgical services across medical disciplines in close proximity to

each other also will enhance collaboration among the outstanding physicians at Rush. "The medical staff have more opportunities to interact with each other on a consistent basis, sharing ideas and collaborating on patient care," Tuman observes. "In most facilities, the OR is in one place, and the procedure area often is either in a remote part of the building or a different building altogether."

"The interventional platform will make it much easier for me and the other physicians here to just walk across the hall and ask another doctor to come and consult on a procedure if a question or issue arises," Tuman adds.

*Continued on page 2*

## IN THEIR OWN WORDS: *What About the Tower's Opening Has You Most Excited?*

*With only weeks to go until Rush's new hospital building, the Tower, opens, the anticipation around the campus is palpable. NewsRounds asked employees from around the Medical Center what about the Tower's opening the weekend of Jan. 6 - 8 has them most excited. Here's what they said:*



"I'm really looking forward to moving into the new building in January. What excites me most about the Tower is the standardization of care. The basic patient room layout is the same throughout the entire hospital, which will greatly improve nursing workflow and patient care at the bedside. If I'm a nurse floating on another unit, I'll know where the supplies are, where the linens are. I'm also excited about the designated family area, in the patient's room, which is divided into thirds. The first portion is the nurse work area, where computer charting and handwashing occur; the second area is the patient area, with the television, patient-controlled lighting, closet, etc.; and the third portion is the family area with a desk and a couch that folds into a bed. The family-designated area is a wonderful design feature because it allows us to incorporate the family into the care of the patient."

— Erik McIntosh, RN, BSN, CCRN, staff nurse, medical intensive care unit, Professional Nursing Staff president



"It's a state-of-the-art facility with an ER that stands out from all others. I also find the shape of the building so appealing, and the reason why they made it that way."

— Carlos Monterroso, RUMG clinical coordinator 3, general surgery-abdominal transplant



"The emergency room will be amazing. To think that Rush will serve as the main location for treating disasters and widespread health emergencies in the Chicago area and in the Midwest — it's a huge responsibility. It's also just so exciting to know that we have this whole new hospital, and it's so technologically advanced."

— Laurel Pawlak, clerkship coordinator, medicine administration



"I like the look of the building — it's something new, it's different. From the ground up, to see it take shape, has been really cool."

— Andrea Robinson, library tech 2, Rush University library



"I think this will make for a better work environment. I'm in charge of moving equipment in and out of the operating rooms, and the new hospital's layout will make this easier and more efficient. We'll be able to move a lot quicker."

— James Thomas, transport specialist, operating room



"The overall architectural design is compelling for me. The building was designed always keeping patient care in mind. For example, the elevators never open facing patient rooms, respecting a patient's comfort and privacy."

— Terry Schuster, manager of patient billing, psychiatry administration



"When the Tower opens, I want to see everything. It's the newest thing we've had on campus since Professional Building III opened. My residents will be rotating over in the Tower, so I'm very excited for them to experience the new facility."

— Barbara Cook, residency coordinator, physical medicine and rehabilitation

Learn more about the Tower and the Rush Transformation by visiting [transforming.rush.edu](http://transforming.rush.edu).



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 **RUSH**

Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

## MOVING INTO THE TOWER, HOUR BY HOUR

The following is the schedule for departments to move into the Tower:

**FRIDAY, JAN. 6, 6 A.M.**  
The emergency department and all its related services opens. Patients who came to the old emergency department before 6 a.m. will remain there until they are treated and either admitted or able to leave the hospital. By about 3 p.m., the old emergency department should be clear of all cases and will close.

**FRIDAY, JAN. 6, AFTERNOON**  
Operating rooms (ORs) and interventional services begin moving into Tower, with emergency cases handled in Atrium Building ORs over the weekend.

**SATURDAY, JAN. 7**  
Diagnostic imaging opens.

**SUNDAY, JAN. 8, 6 A.M.**  
Following the administering of patient medications: Acute care patient units will move to floors 12 to 14, beginning with 8 North and 9 South Atrium, followed by 8 South Atrium and 3, 10 and 11 Kellogg.

**SUNDAY, JAN. 8, AFTER ACUTE CARE UNITS HAVE MOVED**  
The critical care units begin to move, starting with the surgical intensive care unit and the neurointensive care unit, followed by the neuroscience intensive care unit, medical intensive care unit and cardiac care unit. Each patient will be escorted by a full clinical team.

## THE TOWER — DESIGNED FOR QUALITY OF CARE

The Tower, Rush’s new hospital building, has been designed to provide an environment that will support the highest quality of care, meaning that it will enhance medical outcomes, safety and patient satisfaction.

“It will accentuate the very high level of care that we currently have,” says Marsha Mulbarger, RN, MS, nursing director of adult critical care, which will occupy the 10th and 11th floors of the Tower.

Clinicians at Rush who participated in the design process provided their insight about how the new hospital could help deliver better patient care. The following are some of the most important, but by no means the only, features of the Tower that will promote quality care:

- **Standardized rooms** — Every patient room in the Tower shares a common layout, with supplies, equipment and furniture located in the same place. “We’ll find everything in the exact same location. It reduces time and the variability that can lead to errors,” Mulbarger says.
- **Decentralized work areas** — Instead of basing nursing and other staff at a centralized work area, clinicians will work in “neighborhoods” in the wings of the Tower’s butterfly-shaped floors. An alcove with a computer outside each patient room will allow clinicians to look up patient information wherever they are, and each floor will have multiple medication and supply areas to allow clinicians to remain in their assigned neighborhood. “They’ll have better lines of site to patients,” observes Paula Dillon, MS, RN, director of medical surgical nursing, which will be stationed on floors 12 - 14 in the Tower.

In addition, care providers will encounter each other more often and be able to confer more easily. Each neighborhood will have an area with tables and chairs so people working there can gather to discuss patient care. “When you have all the expertise together, you can ask questions more easily and change things more easily,” Dillon says.

- **Eyes on the patient** — Each adult critical care room will have a computer station at the foot of the bed to allow clinicians immediate access to Rush’s electronic medical record system. In addition to the system promoting safety and effective care by putting all the relevant details of the patient’s treatment in the record, the computer’s location will mean that clinicians will face the patient whenever they enter or retrieve information. “It strengthens the sense of contact between clinicians and patients, because you’re not charting with



*This acute care room in the Tower includes many of the features of the new hospital that will contribute to quality of care, including a standardized floor plan; multiple hand sanitizer locations to promote infection control; a ceiling track to accommodate patient lift equipment; and a white board where caregivers will write their call system phone numbers and notes about the patient’s day.*



*Work stations in the Tower like the one in the center of this photo will allow clinical staff to remain close to the patient rooms in whichever area of a unit they’re assigned. Photo by Alex Garcia, courtesy of the Chicago Tribune.*

- your back to the patient,” Mulbarger says. “It enhances the patient experience.”
- **Staff space** — Each unit will include a staff lounge so that people working there have a place outside their work area to take lunch breaks.
  - **Medication preparation rooms** — Each unit includes four medication preparation rooms equipped with a computer workstation and medication dispensing cabinets, allowing nurses to get patient medications in a quiet area. “It decreases the number of interruptions and therefore decreases the number of potential errors,” says Patty Nedved, MSN, RN, CENP, director of professional nursing practice.
  - **Lift equipment** — To help move patients safely in and out of beds and chairs, each

- patient room has a track in the ceiling that can house motorized lift equipment, which will be made available on an as-needed basis. “You put a sling underneath the patient like a bed sheet, and you can boost someone up to 600 pounds into the bed, or you can get someone who otherwise is unable to get up to sit in a chair,” Nedved explains.
- **Air quality** — By incorporating extremely fine air filters, the entire Tower will have operating room-quality air, greatly reducing the risk of infection. The operating rooms themselves will incorporate an air flow design that will bring filtered air in from the ceiling and down across the operating field, then pull it down to the floor and out of the room.
- Rooms for patients with compromised immune systems will use positive air flow, so that air is filtered immediately before it enters the room. Patients with infectious diseases will be put in rooms with negative air flow, which bring air from elsewhere in the Tower through the room and then push it outside. •

## INTERVENTIONAL PLATFORM

Continued from page 1

**Bringing Patient, Family and Care Closer Together**  
Each floor also will include patient preparation and recovery rooms. Patients who receive any interventional services at Rush will register, be prepped for their procedure and undergo the procedure all on the same floor.

During procedures, the patient’s family and friends can wait on that floor in one of the Smith Family Lounges, which are located on each level of the interventional platform. Each lounge includes electronic patient status boards that provide people waiting for a patient with information about the progress of a patient’s procedure,

using naming codes to protect patient’s privacy.

“The patient pre- and post-procedure experience will be dramatically different,” Tuman says. “There’s an appropriate amount of privacy for family and friends to stay with patients before and afterwards. The Smith Lounges will have nicely appointed private areas for physicians to come in and have a conversation with patients. It’ll be easy for a surgeon to just walk down the hall from the operating or procedure room and talk to them.”

A patient who needs 24 hours or less to recover from a procedure before going home also will stay in a recovery room on the interventional platform. Patients who need a longer time to recover from more intensive procedures are only a

short elevator ride away from one of the private rooms in the Herb Family Acute and Critical Care Tower, which occupies the top five floors of the hospital.

“Locating these rooms near each other minimizes the time and distance patients and their loved ones spend moving from place to place, reducing stress and strain during a vulnerable period,” Tuman says. “It also promotes more efficient care, quality outcomes and patient safety.”

“Ultimately, the interventional platform is about bringing patients, clinicians and procedures together in one place so we can provide care in the smoothest, most efficient and patient-friendly way possible,” Ansell says. “Rush already has excellent clinicians, and moving into the Tower will enable them to provide care at an even higher level.” •



# Employee Awards

FALL

Three times a year, Rush employees are recognized for going above and beyond the call of duty for patients, families, visitors and co-workers, and for exemplifying the I CARE values (innovation, collaboration, accountability, respect and excellence). The following are the winners of Rush's fall employee awards, which were presented on Nov. 9.

## CLINICAL EMPLOYEE OF THE QUARTER

**Laura Crawford, RN**, certified wound ostomy and continence nurse (CWOCN), wound ostomy consultation service, is continually looking for ways to improve patient care. A year after coming to Rush in 2002, Crawford transferred to the medical/surgical unit on 9 North Atrium, where she helped create a unit-based skin team that became a resource for all nurses. The team educated staff on how to stage pressure ulcers and what products to use and wrote a monthly newsletter. Six years later, Crawford became a CWOCN. As one of three CWOCNs at Rush, she serves as a subject matter expert, seeing patients with various types of wounds and deciding how to treat the wound. Crawford also worked closely with the Epic implementation to create a daily pressure ulcer report for all units. The report highlights those patients with breakdown as well as those at risk for breakdown. It's used to ensure all measures for prevention and treatments are in place for these patients. "Whenever I am faced with a difficult ostomy patient or complicated pressure ulcer, I always ask myself, 'What would Laura do?'" says Aga Pietrzak, RN, BSN, CMSRN, clinical nurse III, medical/surgical unit, skin committee chair.



## NONCLINICAL EMPLOYEE OF THE QUARTER

**Donnell T. Wardell**, warehouse supply technician, has proven to be a valuable asset, from helping the warehouse keep up with orders to filling in for the manager when he has to be out of the office. Gerald Tisdale, warehouse manager, was especially pleased with Wardell's work when he stepped in to help with trucking issues. Wardell had volunteered to drive but found out he needed a special license to drive a truck, which required passing a written and road exam. "He studied the material, passed the written test and borrowed a friend's truck for the road test," Tisdale says. "I was very impressed."



## MANAGERS OF THE QUARTER

**Julie Lopez, DNP, RN, NE-BC**, unit director, medical/surgical unit, 7 South Atrium, has taken on multiple additional responsibilities to move her department and Rush forward. This past winter Lopez was appointed interim director of the Medical/Surgical Nursing Department. For five months, she kept in close contact with the temporary unit director and assistant unit directors to ensure the unit was running efficiently. Lopez also took the lead on a project to pilot a new wireless phone system for the new hospital, she worked behind the scenes to provide input about the phones, establish the wireless system and collaborate with leadership to launch the implementation. She also educated the staff about the phones themselves and the protocol in using the phones. "Observing Julie inspires me to be better and grow in the nursing profession," says Heather Hwang, BSN, CMSRN, RN 3, medical/surgical unit.



**Denise Banton, MS, RNC**, unit director, labor and delivery, makes sure her team is using the latest proven techniques to provide quality care and has improved employee morale in the process. She's proven her role as a leader by increasing her unit's nursing engagement scores, which measure how satisfied nurses are working at Rush. Banton continuously develops strategies to implement evidence-based care, helping her staff use special tools such as the OB huddle – a five-minute meeting for nurses and physicians from labor and delivery, New Life Family Center and the neonatal intensive care unit to obtain a snapshot of patients across the area. According to Melissa Brantley, RNC, assistant unit director, labor and delivery, Banton is known by her staff for her clinical excellence, compassion and dedication to implementing the most current advanced practices to ensure the best care for women and their babies. "Denise has inspired, motivated, educated and supported staff and patients through their journeys here at Rush," she says.



## PATIENT SATISFACTION "STAR"

Every quarter, an employee whose name appears in two or more favorable patient evaluations is awarded the patient satisfaction "star" award. This quarter, five stars were honored: **Carmen Avila, RN, BSN**, ambulatory surgery unit recovery; **Matthew Breeding, RN**, interventional radiology; **Phyllis Nash, RN**, neonatal intensive care unit; **Janet Renteria**, administrative assistant, University Consultants in Allergy and Immunology; and **Gwendolyn Smith**, collector, patient finance. Their patient evaluations included the following comments:

- "Carmen was a blessing to me and my husband at my time of healing."
- "Matt anticipated my needs. Almost before I said anything, he read my face and explained what he was doing."
- "Phyllis stayed over her shift to make sure we were out in a decent amount of time. She tripled checked my car seat skills."
- "Janet is very helpful and patient oriented, and she always greets you by name as you come into the office."
- "I've had a billing issue with the insurance company for the past three months. I decided to walk over to the finance department. Within 30 minutes, Gwen had the problem all cleared up. She went the extra mile."

Front row, left to right: Carmen Avila and Matthew Breeding. Back row, left to right: Janet Renteria and Gwendolyn Smith. Not pictured: Phyllis Nash.



## TEAM OF THE QUARTER

To help combat the occurrence of pressure ulcers in Rush's pediatric intensive care unit (PICU), two years ago, **Colleen McIntyre, RN**, staff nurse, PICU, formed the HUGS Skin Team. HUGS stands for handle moisture, understand nutrition, get turning and support services. Each week the team rounds on the unit and inspects each child for pressure ulcers and also for skin tears and diaper dermatitis. Team members also help prevent problems with skin integrity by supporting their fellow nurses in caring for patients with complex skin needs, assisting them in choosing appropriate products and therapies for the patients in the PICU. The team includes McIntyre and her fellow PICU staff nurses **Dorothy Mogilnicka, RN**, **Ashley Mulhern, RN**, **Rupal Rawalji, RN**, **Tara Norden, RN**, and **Andrea Zettler, RN**. "They're continually working to educate others who work in the unit, from doctors and nurses to other disciplines, about the many ways to protect a child's skin," says Jackie Calhoun, RN, staff nurse, PICU.



From left to right, Colleen McIntyre and Rupal Rawalji. Not pictured: Dorothy Mogilnicka, Ashley Mulhern, Tara Norden and Andrea Zettler.

## CAROL STEGE MEMORIAL AWARD

### For Medical Center Engineering

Since 1996, **Don Rogers** has progressed to become the lead man carpenter and has played a key role in Medical Center Engineering. Rogers is always able to improve a project and shorten the time in which it's completed, thanks to his expertise in carpentry. Rogers, who advanced from a grade two carpenter to his current position in 2009, has the organizational and leadership skills required for the position. "Don has been an asset to Rush from day one," says Damon Metcalfe, manager of the carpenter shop.



### For Environmental Services

**Claudia Martin**, environmental services technician, environmental services, 5 Pavilion, loves her job and sees it as being more than cleaning rooms – it's also about connecting with patients. "You just want to do whatever you can," she says, which in Martin's case means little things like bringing a special snack back to a patient at the end of her shift. She will also stay late to help get beds made up when needed. "Claudia's qualities make for a better patient experience," says Heather Parchman, operations manager, environmental services.



## RUSH VALUES AWARD

**Diane Bryant, MA, CPC**, is the billing and collection operation manager in the dermatology department. Described as one who leads by example, Bryant is quick to attend all training classes, assist in projects she assigns her staff, and attend diversity meet and greets with her staff. She's always willing to help others, whether it's a faculty member, employee or patient. To make sure the department has coverage at all times, Bryant implemented an employee backup system, which ensures that every biller has a stand-in person in case of absence. All employees were cross-trained on their stand-in person's job duties. Bryant handles all of the department's patient issues no matter how complicated, and she reaches out to other Rush departments to make sure each situation is resolved to the patient's satisfaction. "Diane always tells her staff to strive to be the best they can be," says Cheryl Stewart, biller, dermatology.



**Beth Shields, PharmD**, is the associate director and operations clinical specialist for pediatrics for Rush Children's Hospital. Perhaps her greatest quality on the job is her commitment to medication safety for all patients. Shields is always double checking doses, updating each patient's weight, correcting potentials for error and alerting staff to possible adverse reactions. "To claim that Beth is incredible at her job is an understatement," says Angela Halbach, RN, pediatric intensive care unit.



If you would like to nominate someone for an employee award, please call ext. 2-5916.



# News Briefs

## COMMUNITY PROGRAMS

### TREATMENTS FOR COMMON CONDITIONS OF THE HAND, WRIST AND ELBOW

Wednesday, Jan. 11, 6 to 8 p.m.  
Armour Academic Center  
Room 976

Proper function of your hand, wrist and elbow is vital to performing the simplest daily tasks. At Rush, a highly skilled team of orthopedic surgeons, nurses and therapists provide comprehensive care for patients with all types of hand, wrist and elbow problems, including tendon tears, arthritis and nerve compression. Attend this free community event to learn about the latest treatment options available for common conditions of the hand, wrist and elbow. To register, please call the Rush Physician Referral Service at (888) 352-RUSH (7874) or visit [www.rush.edu/events](http://www.rush.edu/events).

## CLEANSING AND DETOXIFICATION DIETS

*At Rush, keeping people healthy includes helping Rush staff, employees, students and volunteers lead healthy lifestyles. As part of that effort, Cassie Vanderwall, MS, RD, LDN, CPT, a registered dietitian at Rush and a certified personal trainer, offers tips on healthy eating and activity.*

Cleansing and detoxification diets have been around since ancient times and ebb and flow in their popularity. Today, more and more people tout the benefits of using such diets to cleanse the body of impurities, but often times forget to mention the risks.

People cleanse for a variety of reasons. Some desire a jump start on their new diet in order to lose weight and eliminate cravings, some desire more energy, and others simply want to detoxify their body. Many who practice cleansing believe that the build-up of toxins in the body can promote a wide variety of negative symptoms and that cleansing is akin to pressing the body's reset button.

However, our bodies naturally detoxify themselves — free of

charge. The body is equipped with lungs, kidneys and a liver, which help to detoxify the body daily. In fact, the liver's main function is to process toxins that we ingest purposefully (alcohol, cigarette smoke, trans fat, etc.) and unintentionally (pollution, heavy metals, etc.).

You can cleanse your system by choosing more healthful foods (fruit, vegetables, plant-based proteins) and limiting your intake of processed carbohydrates (white flour, white sugar, etc.), unhealthy fats (fried foods, butter, baked goods, etc.), and sweetened drinks. It is also important to make water your beverage of choice.

Popular "cleansing" diets vary in their degree of restriction. The most common type of cleanse is fasting, which is avoiding specific

foods and/or food groups. Often times, people will choose to consume only liquids, in the form of fruit and vegetable juices, for several days. The popular master cleanse employs a mixture of maple syrup, lemon juice and cayenne pepper. Others may choose to limit their sources of mucus-forming foods (dairy).

Currently, the purported benefits of detoxification fasts, cleansing and the alkaline diet are not supported by research and have yet to show value in the western medical community. Popular cleansing products, books and programs are often quite expensive and leave many customers disappointed.

Additionally, restrictive detoxification diets, such as liquid fasts,

put the body into starvation mode and often slow down an individual's metabolism. They also can promote nutritional deficiencies in fat, protein, fiber, vitamins and minerals. Chronic use of enemas and laxatives has been associated with electrolyte imbalances, fluctuations in blood pressure and damage to the bowel, and can even result in dependence.

Independent of the type of cleanse a person is interested in pursuing, a registered dietitian is a sound source for nutrition information and guidance. If you have questions about any type of cleanse, or are interested in speaking with a registered dietitian or personal trainer, call (312) 942-DIET (3438).



## People News

### Appointments

The Medical Center has appointed **Stephanie Guzik** as director of research compliance for the Office of Corporate Compliance. Guzik will be responsible for the development and maintenance of a comprehensive research compliance program. She joined Rush in 1996, with the majority of that time spent in research administration. Most recently, Guzik was the interim director for the Rush cancer center, where she facilitated a transition to new leadership, provided clinical research education and training to faculty and staff, and directed the preparation of standard operating procedures.

Rush Medical College has appointed **Robert Leven, PhD**, associate professor, Department of Anatomy and Cell Biology, as assistant dean for basic science education. Leven replaced Ada Cole, PhD, assistant dean for pre-clinical programs, who officially retired in July but continues to work at Rush to assist Leven and the administrative staff with the transition.

Rush has appointed **Anne M. Murphy, JD**, as senior vice president of legal affairs and general counsel, effective Jan. 1, 2012. In this position, Murphy will oversee all of the legal services provided for Rush, directing the in-house counsel in the Rush Office of Legal Affairs and engaging and managing outside attorneys. Along with the legal affairs staff, Murphy will play a major role in ensuring patient safety by collaborating with the office of the chief medical officer on ways

to reduce and eliminate medical risk. She has more than 20 years of senior government and private sector experience in health law. Murphy comes to Rush from the Chicago law firm of Holland & Knight, where she is a partner and chair of the firm's Chicago health care and life sciences team. Prior to joining Holland & Knight, she served as senior counsel to the Illinois Attorney General. Murphy also has been chief counsel for the Illinois Department of Public Health, simultaneously serving as the agency's privacy officer and ethics officer.

### Kudos

The March of Dimes honored **Jacques S. Abramowicz, MD**, during its 14th Jonas Salk Health Leadership Award luncheon in Chicago on Sept. 27. Abramowicz received the Physician Leadership Award for his outstanding leadership in ensuring the health of mothers and babies. He is the Frances T. and Lester B. Knight Professor and director of ultrasound in the Rush Department of Obstetrics and Gynecology and co-director of the Rush Fetal and Neonatal Medicine Center.

In September, the Scoliosis Research Society presented its Lifetime Achievement Award to **Ronald L. DeWald, MD**, emeritus



professor in the Department of Orthopedic Surgery, in recognition of his long and distinguished service to the society and to spinal deformity research and care.

Chicago's Swedish American Museum honored **Gunnar B. J. Andersson, MD, PhD**, orthopedic



surgery, during its 35th anniversary Disco Ball at the Michigan Shores Club in Wilmette on Oct. 22. Long a supporter of Chicago's Swedish-American community and co-chair of the museum's board of trustees, he was recognized for his four-decade career in the studies of lumbar disc biology, biomechanics and epidemiology. Andersson holds the Ronald L. DeWald, MD, Endowed Chair in Spinal Deformities in the Department of Orthopedic Surgery.

**Shelia Dugan, MD**, associate professor, Department of Physical Medicine and Rehabilitation, was the lead author of a manuscript that was chosen as the winner of the



2011 Susan B. Anthony Aetna Award for Excellence in Research on Older Women by the American Public Health Association (APHA). The manuscript reported on the effectiveness of using a pelvic floor fitness program to treat overactive bladder. Dugan received the award on Oct. 31 during the Aging and Public Health Section Awards Ceremony in Washington, D.C.

**Robyn Golden, MA, LCSW**, director of Rush's older adult programs, received New York Institute of Technology's (NYIT) Riland Public Service Award for Patient Advocacy in September. The award, which is NYIT's highest honor, recognizes health care professionals who exemplify excellence in their respective fields and serve as role models for what can be accomplished

through commitment, determination and a focus on the public good. The award is named after W. Kenneth Riland, DO, who helped established the New York College of Osteopathic Medicine and the School of Health Professions.

The Greater Illinois Chapter of the Cystic Fibrosis Foundation honored **John Lloyd-Still, MD**, in October with



the "Breath of Life" award in recognition of the many ways he has enriched the cystic fibrosis community. Recently retired, Lloyd-Still was a professor of pediatrics at Rush Medical College, co-director of the Cystic Fibrosis Center, and associate director of pediatric gastroenterology and nutrition. He has earned an international reputation over the past 25 years as a pioneer in cystic fibrosis care. He edited the first textbook on cystic fibrosis and is credited with more than 100 articles on the gastroenterological and nutritional aspects of cystic fibrosis.

**T. Celeste Napier, PhD**, professor, Department of Pharmacology and director, Center for Compulsive Disease and Addiction, was a featured expert during a community forum entitled "Heroin Crisis in Our Suburbs" at Midwestern University in Downers Grove on Oct. 18. The forum was sponsored by the Reed Hruby Heroin Prevention Project and the Robert Crown Center for Health Education. Napier was one of five expert panelists from government, education, therapy and biomedical science to discuss the topic of "Understanding Suburban Heroin Use" and to provide answers to audience questions. She spoke on what science tells us about heroin abuse and the brain.

**David M. Rothenberg, MD**, Max S. Sadove Professor of Anesthesiology, recently received the William O. McQuiston, MD, Award from the Illinois Society of Anesthesiologists. The award honors an outstanding clinical anesthesiologist who has made and communicated significant contributions to the practice of anesthesiology.

Rush's Department of Preventive Medicine received a record number of participants for its Interdisciplinary Teams in PACE course, which it cosponsors with the National PACE Association. A record number 87 participants from 12 PACE programs enrolled in the summer session. PACE, which stands for Programs for All Inclusive Care of the Elderly, is a geriatric care model program that provides a continuum of supportive and coordinated medical and social services to older adults whose health status and other conditions qualify them for nursing home placement. The services they receive from PACE can enable them to remain at home as long as is safely possible. Rush faculty involved in course development include **Steven Rothschild, MD**, associate professor of family medicine and vice chairman of the Department of Preventive Medicine; **Stan Lapidos, MS**, project manager, Department of Preventive Medicine; **Lois Halstead, PhD, RN**, vice provost of Rush University; **Susan Breakwell, RN, DNP**, formerly an associate professor in the Rush University College of Nursing and now with Marquette University School of Nursing; **Cathy Catrambone, PhD, RN**, associate professor, College of Nursing; **Kathy Keim, PhD, RD, LDN**, professor in the Department of Clinical Nutrition; and **Robyn Golden, MA, LCSW**, director of Rush's older adult programs. •

To read more People News, please visit [www.inside.rush.edu](http://www.inside.rush.edu).